

United States District Court
Southern District of New York

United States of America

v.

Juan Carlos Camilo Polanco

Case : 1:19-CR-049-2 JMF

Re: Motion for compassionate Release under 3583 c.1.A.i and / or other reliefs or remedies afforded to Petitioner within this Court's Jurisdiction and authority.

COMES NOW, JUAN CARLOS CAMILO POLANCO , herein after , Petitioner and moves this Court to grant Compassionate Release under the Provisions set forth by the CARES ACT via the First Step Act of 2018. However , this Motion is not limited to the above noted act but also within the court's discretion for reduction of sentence under 3553 .

Petitioner presents him self eligible for immediate compassionate release based on the following :

1. Petitioner has exhausted administrative remedies
2. Petitioner pre existing cardio vascular health conditions coupled with a COVID 19 viral infection break out in his housing Unit November to December 2020, has endangered Petitioner's life and creates an extraordinary and compelling reason for compassionate release.
3. Petitioner's chance of Recidivism has been categorized at Minimum to Low via the BOP's Pattern Risk Assessment Scoring
4. Petitioner voluntarily submits to immediate deportation if motion is granted.
5. Petitioner mitigates risk factors stated in 18 USC 3553 as through declaration of Oath he is :

- a. Not a threat or danger to society
- b. He has been successfully Rehabilitated
- c. It is a non violent offense

6. Petitioner does not submit to home confinement as he is aware he does not qualify.

7. Petitioner has no detainers.

8. Petitioner suffers from Cardiovascular disease and has been categorized Pre diabetic.

9. Petitioner faces and endures harsh and extreme life threatening conditions . During an Episode of COVID 19 other Viral infections also broke out simultaneously namely varicella, scabis, and measles.

10. The harsh conditions described previously was never accounted for when Petitioner was sentenced under USSG 3553. These conditions must be taken into account and Petitioner should receive a time credit as Petitioner contends that the COVID 19 extreme the Lock down environment of nearly one year , not only affecting physical health but extreme mental health issues. Specifically, one day of normal incarceration equates three days in COVID 19 Lock Down situations. Petitioner requests the honorable Court that also considers this in conjunction with reduction in sentence. Petitioner brings to Court 's Attention through First hand knowledge and experience that during these 12 months of lock down he has been deprived of fresh air, exercise, nutritional diet , educational programs and other vocational programs that would contributed to time credits, family visitations, daily hygienic products, gloves, disinfectants, inter alia.

11. Petitioner a sound release plan which provides him immediate employment, access to privatized health care, financial and emotional support, all of this through his immediate family.

For all these reasons stated herein and also with the supplemental affidavit of truth coupled with the legal precedent history attached Petitioner moves the Court grant immediate compassionate release or reduction in sentence facilitated by any reliefs and remedies applicable.

Procedural Background

Petitioner was sentenced to 97 months in Prison and 4 years probation in Violation of 21:846 SEC 841-851 Attempt and conspiracy to distribute narcotics . He was sentenced on 11-6-2019. This is a non violent offense. He immediately took responsibility via Plea agreement. He has served approximately 2 years of the imposed sentence which equates to 5 years of incarceration as he has spent almost a year on extreme lockdown . See Affidavit of Truth.

Under the First Step Act , this Court has broad authority to determine whether extraordinary and compelling circumstances exist to modify petitioner's sentence and release him to home confinement. This motion is ripe because Petitioner requested relief more than 30 days ago.

The First Step Act , expressly permits Petitioner to move this court to reduce his term of imprisonment and seek compassionate release. See 18 U.S.C. § 3583(c)(1)(A)(i).

Under normal circumstances , a Petitioner can seek recourse through the courts after either (1) the Federal Bureau of Prisons (BOP) declines to file such a motion on his behalf ; or (2) there has been a lapse of 30 days from the Warden's receipt of the Petitioner's request, whichever is earlier. Id.

Petitioner transmitted requests for compassionate release to the Warden at Moshannon Valley Correctional Institute . See Exhibit(s) Petitioner has exhausted the administrative process.

There are extraordinary and compelling circumstances to grant this request.

After exhausting the administrative process or the lapse of 30 days , " a court may then reduce the term of imprisonment " after finding that extraordinary and compelling reasons warrant such a reduction and such a reduction is consistent with applicable policy statements issued by the sentencing commission. United States v. Ebbers, 02 Cr. 1144 (VEC), 2020 WL 91399, at *4, Dkt. No. 384 (S.D.N.Y. Jan 8, 2020). In making such a decision , a court must also consider the sentencing factors set forth in section 3553(a) to the extent that they are applicable Id. (quoting 18 U.S.C. §(c)(1)(A)). The sentencing commission does not constraint the court's independent assessment of whether extraordinary and compelling reasons warrant a sentence reduction in light of the First Step Act's amendments. United States v. Beck 13, Cr. 186, 2019 WL 2716505, at *5-6 (M.D.N.C. June 28, 2019); See also Ebbers, 2020 WL 91399, at *4. Indded the district courts themselves have the power to determine what constitute extraordinary and compelling reasons for compassionate release. United States v. Young , 00 Cr. 02, 2020 WL 1047815, at *6 (M.D.Tenn. Mar. 4, 2020) (finding the legislative history of 18 U.S.C. § 3583(c)(1)(A)(i)).

of 18 U.S.C. § 3582(c)(1)(A) indicates that lawmakers thought that extraordinary and compelling reasons for a sentence reduction should not be limited to medical condition, age, and family circumstances and granting compassionate release.)

The United States Sentencing guidelines Application Notes to Section 1B.13 describe four potential extraordinary and compelling reasons, United States v. Venice, 17 Cr. 89 (CS), Dkt. No. 1009 (S.D.N.Y. May 7, 2020); See U.S.S.G. § 1B.13, cmt, n.t(A)-(D), including a catch all fourth category.

- Other reasons - As determined by the Director of the bureau of Prisons, there exists in the Petitioner's case an extraordinary and compelling reason than, or in combination with, the reasons described in subdivisions (A) through (C).

U.S.S.G. § 1B.13. cmt. n.1(D). Like the defendant in Venice, *supra*, Petitioner does not suggest he meets any of the first three categories, but argues that the risk the corona virus pandemic poses to one with his conditions meets the fourth category.

Many courts have consider granting compassionate release during the instant pandemic. See, e.g United States v. Knox, 15 Cr. 445 (PAE), Dkt. No. 1088 (S.D.N.Y. Apr 10, 2020), ; United States v. Resnick, 12 Cr. 152 (CM), Dkt. no. 461 (S.D.N.Y. Apr, 2, 2020); United States v. Perez, 17 Cr. 513 (AT), Dkt No. 98 (S.D.N.Y. Apr, 1, 2020); United States v. Sawicz, 08 Cr. 287 (ARR), 2020, WL 1815851 (E.D.N.Y. Apr. 10, 2020); United States v. Field, 18 Cr. 426 (JPO) Dkt. No. 38 (S.D.N.Y. Apr. 6, 2020); United States v. Musumeci, 07 Cr. 402 (RMB), Dkt. No. 58 (S.D.N.Y. Apr. 28 2020); United States v. Fazio, 11 Cr. 873(ER), Dkt. No. 329 (S.D.N.Y. May 15, 2020).

Jail is not a safe place for petitioner

The COVID-19 pandemic is extraordinary and unprecedented in modern times in this nation. It presents a clear and present danger to free society for reasons that need no elaboration.

United States v. Hernandez, 18 Cr. 834 (PAE), 2020 WL 1684062, at *3 (S.D.N.Y. Apr. 2, 2020). Confined to a small cell where social distancing is impossible Petitioner and inmates like him cannot protect them selves from the spread of a dangerous

and highly contagious virus. United States v. Perez , 17 Cr. 513 (AT), 2020 WL 1546422, at *4 (S.D.N.Y. Apr. 1, 2020). Effective and social distancing in most facilities is virtually impossible and crowding problems are often compounded by inadequate sanitation such as lack of hand sanitizer or sufficient opportunities to wash hands. See Exhibit - Affidavit from Brie Williams, M.D. Conditions of confinement create an ideal environment for the transmission of highly contagious diseases like COVID-19 See id. ("Because inmates live in close quarters, there is an extraordinary high risk of accelerated transmission of COVID-19 within jails and prisons.

Inmates share small cells , eat together and use the same bathrooms and sinks... They are not given tissues or sufficient hygiene supplies. In jails the probability of transmission of potentially pathogenic organisms is increased by crowding, delays in medical evaluation and treatment, rationed access to soap, water, and clean laundry and insufficient infection control expertise. See Joseph A. Blick (2007). Infection control in Jails and Prisons . Clinical Infectious Diseases 45(8):1047-1055, at <https://academic.oup.com/cid/article/45/8/1047/344842>.

As the pandemic has persisted , jails officials have exposed the insufficiency of protective measures in federal facilities accross the country. For example the Warden at FCI Fort Dix said : "Social distancing is not possible at this environment. (See A.C.L.U of New Jersey , Press release, available at <https://aclu-nj.org/news/2020/05/04/medically-vulnerable-people -federal-prison-file-class-action>.

At FCI Ray Brook, the head of the correctional workers union said: The measures put in place are nothing more than an attempt to appear that we are addressing the issues, while in reality we are doing nothing. See* James Weldon, Correctional Officers' Union Sounds the Alarm, Adirondack Daily Enterprise (Mar. 24, 2020) available at <https://www.adirondackdailyenterprise.com/opinion/guest-commentary/2020/03/correctional-officers-union-at-fci-ray-brook-sounds-the-alarm/>.

In the community where FCC Lompoc is located, the mayor stated that the spread of COVID-19 in the community is largely due to the

prison and could have been curbed if prison leaders acted sooner and were more transparent. See Kimberly Kindy, et al., These towns love their federal prison. But COVID-19 is straining their relationship. The Washington Post, May 9, 2020, available at [https://www.washingtonpost.com/national/these-towns-love-their-federal-prison-but-covid-19-is-st raining-their-relationship/2020/05/08/68e93702-9084-11-ea-9e23-6914ee410a5f_story.html](https://www.washingtonpost.com/national/these-towns-love-their-federal-prison-but-covid-19-is-straining-their-relationship/2020/05/08/68e93702-9084-11-ea-9e23-6914ee410a5f_story.html).

Petitioner is housed at a GEO facility which is run by the same GEO Group that :

1. Was found in 2013 guilty of "Doctoring its own Wikipedia Page".
2. Has been classified by the A.C.L.U. as "Prison profiteers"
3. GEO secretly banned COVID-19 testing thus makes them complicit in the policy of endangering Inmates health and well being.
4. The A.C.L.U. in a recent filing against GEO California found that GEO when considering releasing an inmate stricken with cancer was on the record of saying "...but he is not dying fast enough, to warrant a dire situation. "
5. In 2018 it was found "ICE contactor (GEO) scares activists with legal threats in an effort to cover up misdoings. - Source: A.C.L.U.
6. In a recent interview with the A.C.L.U. it was a general consensus among inmates at GEO "They dont care if you die".

There is a significant reason to believe that the number of positive cases reported in federal prisons are artificially low.

If the prisons are not testing people , they cannot say whether or not the virus is under control. Indeed the BOP facilities at Oakdale , Elkton, and Butner all posted low numbers shortly before inmates started dying; There are over 21 deaths among these facilities alone Id.

As a private facility , Moshannon Valley is far more of a black box regarding the information that is made available to the public. Unlike BOP facilities accross the country , Moshannon Valley does not post its statistics on the BOP website , tallying rates of infection and death. Nor to date, is anyone aware of any independent inspections or litigation regarding the conditions there. At the GEO facility in Queens , NEW York, GEO has tested only 44 inmates and 39 of them were positive. The actual rates might be even higher. That is a rate of 89 percent. There were also 30 positive

staff members.

GEO Queens medical team is severely understaffed. There is only one physician , Dr. Sajjad Mohammad, and one Registered Nurse (RN) on staff, both of whom visit the facility infrequently .

Currently , only one health professional - a licenced practical Nurse (LPN) - visits the facility on a daily basis. The LPN makes only cursory rounds to hand out pre-prescribed medication , take temperatures, and monitor high risk and COVID-19 positive inmates. Inmates are left alone with no medical monitoring for many hours at a time and there are no medical staff onsite at the facility at night. Moreover, because the LPNs are not licenced to prescribe medications or perform medical procedures, inmates who are experiencing symptoms of COVID-19 , but who have not been tested, cannot obtain needed medications or treatment. Given the current conditions at GEO Queens , it is likely that the majority of the inmate population has been exposed to COVID-19 but who have not been tested cannot obtain treatment.

Given that they run by the same company , logic dictates that Moshannon Valley C.I. may have similar medical staffing shortcomings. Moshannon Valley C.I. has at least three staff members tested positive.

As of October 25 2020, Unit A was placed on a strict lockdown by fear of COVID-19 outbreak, while the remaining compound inmates are kept in the dark without any updates.

When queried by any inmates about anything COVID-19 related the the Unit Manager responded facciosuly " I did not know that we now house Dr. Fauci's here ".

So the statistics that Moshannon Valley (if any) publishes are misleading. There has been no testing to any inmates for COVID-19. Courts have repeatedly discounted the government's reliance on a rate of zero in the absence of widespread or any testing. Petitioner urges the court to do the same.

Another Court has recently granted a compassionate release petition for a defendant who was also serving time at Moshannon Valley C.I. See. United States v. Molina Acevedo, 18 Cr. 365(LGS), 2020 WL 3182770 (S.D.N.Y. June 15, 2020). In that case, Judge Schofield credited the defendant's description of the living situation at the

the facility. Id. at *3 ("a Unit with seventy four inmates who share three toilets and showers, a single sink to wash their hands, and four or five other sinks for washing personal items.

Also, Petitioner want to bring to Court's attention the fact that an additional layer of quarantine was implemented due to a severe varicella outbreak. During this heightened period of uncertainty which caused severe angst to the inmates the facility blocked the ability to change weekly linen that was afforded to the inmates which resulted in a three week fermentation of the virus in the pod. To underscore this point the mental anguish in which the inmates faced was monumental to say the least. Daily sick calls to the prison psychiatrist increased seven fold due to the stress and anxiety increase.

The deplorable confined conditions the inmates face include make shift Gyms in the toilets, Christian bible studies in the limited shower stalls, petitioner asks the court to imagine to have seventy four grown men living in a thousand square foot area. The previous referenced Gym facility and bible study facility in toilets and shower stalls may seem laughable to some but it is the harsh reality behind the veiled doors of GEO Moshannon Valley.

On October 30, 2020 the curtains used to partition the three toilets were inexplicably removed in the wee hours of the morning. To the dismay and shagrin to the inmates who awoke to use the gentlemen's convenience as part of the morning routine, there were shocked and dishearten to come to the realization that they would have to use the toilet "for number 2 purposes" (using the prison Jargon) in full view of the entire dorm, and while other inmates were brushing their teeth less than one foot away and using the microwave less than 6 feet away to make their morning breakfast. This is no humane conditions.

Also, as of three months ago there were 6125 federal inmates and 700 BOP staff members that have tested positive for COVID-19.

On November 4 2020, at 09:20 am , The Facility Administrator L.J.Oddo escorted by United Manager D. Jones announced at Charlie Unit that 4 staff members have been tested positive for COVID. To this date no widespread Inmate testing has been conducted. So up to this date, nobody has any idea how many inmates have been tested.

The chances that there actually no people (inmates) with COVID-19 at Moshannon Valley are very slim. For example the federal prisons In California , finally engaged in a widespread testing, and they found 70 percent of the population at Lompoc and 65 percent of the population at FCI terminal island were positive for COVID-19. In Pennsylvanis where Moshannon Valley is located there are at least 75,800 cases of coronavirus and at least 7,000 deaths. See Pennsylvania Department of Health website , available at <https://health.pa.gov/topics/disease/coronavirus/Pages/Cases.aspx>. The virus has specifically arrived at Clearfield county , where Moshannon Valley C.I. is located. That the virus has entirely spared the facility (or that it will continue to) ignores our collective experience during this global pandemic. See United States v. Pagliuca 17 Cr. 432(CS), Dkt. No. 63 (S.D.N.Y. May 18, 2020) (holding that despite there being no positive cases yet at FCI Fort Dix low security prison facility , "that reduces the risk to Defendant, although of course the situation could change at any time , and of course anyone in an institution where social distancing is not possible - be it a prison or a nursing home - is by definition increased risk"). Of course the danger during this pandemic is that safety today does not guarantee safetytomorrow. Thus a number of courts have ordered compassionate release for high risk prisoners in prisons including Moshannon Valley C.I see United States v. Molina Acevedo, 18 Cr. 365(LGS) , 2020 WL 3182770 (S.D.N.Y. June 15, 2020) and United States v. Frometa Hernandez (N.Y.S.D.), See United States v. Asaro, 17 Cr. 127 (ARR), 2020 WL 1899221 at * 6 (E.D.N.Y) Apr, 17, 2020) (granting compassionate release because although there were no confirmed cases of COVID-19 at Springfield (prison were the defendant was housed) I cannot conclude that no cases are in fact present without assurances that the BOP is routinely testing everyone within the facility).

United States v. Pabon, 17. Cr. 165 Dkt. No. 118 (E.D. Pa. , May 4, 2020) (granting compassionate release because if the Court waits to act until BOP confirms its first case of COVID-19 at Lewisburg, it may be too late for vulnerable inmates like the defendant , and the court is not willing to take that risk)

United States. V. Fazio, 11 Cr. 873(ER). Dkt. No. 329 (S.D.N.Y May 15, 2020) granting compassionate release for a defendant at FCI Fort Dix low facility); United States v. Pagliuca, 17 Cr. 432 (CS), Dkt. No. 63 (S.D.N.Y. May 18, 2020) (same); United States v. Joel Prado, 13Cr. 811 (ALC), Dkt. No. 722 (S.D.N.Y. Apr. 30, 2020) (Granting compassionate release for a defendant at FCI Schuylkill; United States v. Ozols, 16 Cr. 692 (JMF), Dkt. No. 488 (S.D.N.Y. Jun 2, 2020) (granting compassionate release for a defendant at FSL Jessup).

Petitioner's Immigration detainer is not Disqualifying.

The Warden at Moshannon Valley CI based his denial of Petitioner's request for compassionate release on the fact that Petitioner is a deportable alien and because Immigration and customs Enforcement (ICE) has lodged a detainer for deportation proceedings.

See Exhibit - Warden's Response and Administrative Process

Therefore the Warden writes that Petitioner is ineligible for community programs to include halfway house , home confinement and compassionate release.

This stated bar however does not appear in 18 U.S.C § 3582 nor does it appear as a bar in the applicable Bureau of Prisons program statement. Unresolved detainers fall into the category of circumstances that should be considered along with the nature and circumstances of the offense, criminal history, supervised released violations, among many other factors. See Programs statement 5050.50 at p.12 available at https://www.bop.gov/policy/progstat/5050_050_EN.pdf.

The program statement cautions that all detainers and holds should be resolved prior to the Warden's submission of a case ; If a detainer cannot be resolved , then an explanation is needed. Id. at p.13. Thus, under BOP's own criteria , the detainer is simply

one factor in the Warden's consideration that requires comment if unresolved. It is not disqualifying.

Moreover, the Warden's view, leaves Petitioner in a catch-22. He notes that if a decision is made in regards to Petitioner's deportation status and he is determined to be not deportable the inmate becomes eligible for those programs. In other words, in the Warden's view, the first step here is for ICE to determine whether Petitioner is deportable. If not, he will be eligible for community based programs, and so could be granted release. But ICE will make no deportability determination until after Petitioner is released from federal criminal custody.

(indeed that is the purpose of a detainer: ICE notifies the prison that it would like an opportunity to process him before is release to community). Thus Petitioner is being told that he cannot get early release because ICE has a hold- and the decision about that hold cannot be made until he is released. Such a paradoox should not limit Petitioner's eligibility for release during a global pandemic. The detainer simply protects ICE's opportunity to process Petitioner after the federal criminal justice system is finished with him. Here, Petitioner encourages the court to finish with him immediately.

Summary

For all the reasons set herein , Petitioner moves the court immediately grant :

1. Reduction in sentence
2. Compassionate Reelase
3. Immediate release from federal incarceration
4. Any other reliefs and remedies afforded to Petitioner under the statutes that would govern and facilitate reduction in sentence compassion release under the Court's authority and Jurisdiction.

Petitioner has met his burden of proof, in proving extraordinary and compelling circumstances

Petitioner has exhausted his administrative remedies.

Petitioner is not a threat nor danger to society

Petitioner is rehabilitated.

Very Respectfully Submitted this 1 day of March 2021

by: Juan Carlos Camillo

JUAN CARLOS CAMILLO POLANCO

BOP #1 454 34 054 , MVCC

555 GEO Drive

Philipsburg, PA, 16866

Exhibit : Affidavit of Truth

THAT Affiant deeply respects the laws and statutes of this Country.
THAT Affiant is willing to be submitted to voluntary deportation
and that adheres to all requirements from DHS ICE.

THAT Affiant declares through First hand knowledge and experiencing
incarceration both in a COVID era and non COVID Era that the Virus
combined with lockdown measures , combined with pre existing
health conditions is Extraordinary and compelling in its self.

Signed this 1 day of March 2021

Without Prejudice

By: Juan Carlos Camillo
JUAN CARLOS CAMILLO POLANCO

AFFIDAVIT AND DECLARATION OF TRUTH

"No more than an affidavit is necessary to make prima facie case"
United States v. Kis, 658 F.2, 526, 536, 7th Cir. 1981, Cert denied,
50 U.S L.W. 2169; S. ct. March 22, 1982.

I, JUAN CARLOS CAMILLO POLANCO, herein after, "Affiant", being first
duly sworn, depose, say and declare by my signature that the following
facts are true, correct and complete to the best of my knowledge
and belief :

THAT, Affiant is competent to state the matters included in this
declaration, has knowledge of the facts , and declared that to the
best of his knowledge , the statements made in his affidavit are
true, correct, and not meant to mislead.

THAT Affiant is not a threat to society or any other human being.
THAT Affiant is not a danger to society or any other human being.
THAT Affiant has been rehabilitated.

THAT Affiant has denounced any and all criminal behavior, thought
and inclination.

THAT Affiant has served a fair and sufficient amount of imposed
sentence under extremely harsh conditions and within a deadly viral
environment. This consisted of no less that three other viral outbreaks
coupled with COVID 19 in the locked housing POD where Affiant resides.
THAT Affiant declares through First hand knowledge and experience
that One day of lock down in COVID 19 era equates to Three |days of
incarceration under normal circumstances.

THAT Affiant had minimal to non existent access to appropriate PPE
, disinfectants and hygiene products during COVID lockdown.

THAT Affiant was deprived of educational programs, faith based
services, Vocational programs, fresh air movement, recreational time,
physical exercise, ability to social distance, balanced and nutritional
diet and basic laundry services during COVID lockdown.

Exhibit : Affidavit of Brie Williams

**AFFIDAVIT OF BRIE WILLIAMS,
M.D.**

1. I am a doctor duly licensed to practice medicine in the State of California.
2. I am currently a Professor of Medicine at the University of California, San Francisco ("UCSF") in the Geriatrics Division, Director of UCSF's Amend: Changing Correctional Culture Program, as well as Director of UCSF's Criminal Justice & Health Program. In that capacity, my clinical research has focused on improved responses to disability, cognitive impairment, and symptom distress in older or seriously ill prisoners; a more scientific development of compassionate release policies; and a broader inclusion of prisoners in national health datasets and in clinical research. I have developed new methods for responding to the unique health needs of criminal justice-involved older adults—including an evidence-based approach to reforming compassionate release policies and the design of a new tool to assess physical functioning in older prisoners. I was previously a consultant for the California Department of Corrections and Rehabilitation, as well as for other state prison systems.
3. I have extensive experience working with vulnerable populations, in particular the incarcerated and the elderly.

4. I submit this affidavit in support of any defendant seeking release from custody during the COVID-19 pandemic, so long as such release does not jeopardize public safety and the inmate can be released to a residence in which the inmate can comply with CDC social distancing guidelines. The statements in this affidavit are based only on the current state of emergency and the circumstances described below.

The Risk of Infection and Accelerated Transmission of COVID-19 within Jails and Prisons is Extraordinarily High.

5. Prisons and jails are not actually isolated from our communities: hundreds of thousands of correctional officers and correctional healthcare workers enter these facilities every day, returning to their families and to our communities at the end of their shifts, bringing back and forth to their families and neighbors and to incarcerated patients any exposures they have had during the day. Access to testing for correctional staff has been “extremely limited,” guards have reported a “short supply” of protective equipment, and prisons are not routinely or consistently screening correctional officers for symptoms.¹

6. The risk of exposure is particularly acute in pre-trial facilities where the inmate populations shift frequently.² For example, despite the federal government’s guidance to stay

¹ Keegan Hamilton, *Sick Staff, Inmate Transfers, and No Tests: How the U.S. Is Failing Federal Inmates as Coronavirus Hits*, Vice (Mar. 24, 2020), https://www.vice.com/en_ca/article/jge4vg/sick-staff-inmate-transfers-and-no-tests-how-the-us-is-failing-federal-inmates-as-coronavirus-hits.

See also Daniel A. Gross, *“It Spreads Like Wildfire”: The Coronavirus Comes to New York’s Prisons*, The New Yorker (Mar. 24, 2020), <https://www.newyorker.com/news/news-desk/it-spreads-like-wildfire-covid-19-comes-to-new-yorks-prisons>; Josiah Bates, *‘We Feel Like All of Us Are Gonna Get Corona.’ Anticipating COVID-19 Outbreaks, Rikers Island Offers Warning for U.S. Jails, Prisons*, Time (Mar. 24, 2020), <https://time.com/5808020/rikers-island-coronavirus/>; Sadie Gurman, *Bureau of Prisons Imposes 14-Day Quarantine to Contain Coronavirus*, WSJ (Mar. 24, 2020), <https://www.wsj.com/articles/bureau-of-prisons-imposes-14-day-quarantine-to-contain-coronavirus-11585093075>; Cassidy McDonald, *Federal Prison Workers Say Conflicting Orders on Coronavirus Response Is Putting Lives at Risk*, CBS News (Mar. 19, 2020), <https://www.cbsnews.com/news/coronavirus-prison-federal-employees-say-conflicting-orders-putting-lives-at-risk-2020-03-19/>.

² Emma Grey Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*, Wired (Mar. 24, 2020), <https://www.wired.com/story/coronavirus-covid-19-jails-prisons/>.

inside and many states' stay-in-place orders, many prosecutors are still arresting individuals and seeking detention.³ Pre-trial detention facilities are still accepting new inmates who are coming from communities where COVID-19 infection is rampant. As of today's date, the Bureau of Prisons is still moving inmates from facility to facility, including prisoners in New York.⁴

7. Because inmates live in close quarters, there is an extraordinarily high risk of accelerated transmission of COVID-19 within jails and prisons. Inmates share small cells, eat together and use the same bathrooms and sinks. They eat together at small tables that are cleaned only irregularly. Some are not given tissues or sufficient hygiene supplies.⁵ Effective social distancing in most facilities is virtually impossible, and crowding problems are often compounded by inadequate sanitation, such as a lack of hand sanitizer or sufficient opportunities to wash hands.⁶

Inmate Populations Also Have the Highest Risk of Acute Illness and Poor Health Outcomes if Infected with COVID-19.

8. There are more than 2.3 million people incarcerated in the United States⁷

³ Stephen Rex Brown, *'Business as Usual' For Federal Prosecutors Despite Coronavirus, Nadler Writes, Calling for Release of Inmates*, N.Y. Daily News (Mar. 20, 2020), <https://www.nydailynews.com/new-york/ny-nadler-doj-inmates-20200320-d6hbdjcuj5aitppi3ui2xz7tjy-story.html>.

⁴ Courtney Bubl , *Lawmakers, Union Urge Halt to All Prison Inmate Transfers*, Government Executive (Mar. 25, 2020), <https://www.govexec.com/management/2020/03/lawmakers-union-urge-halt-all-prison-inmate-transfers/164104/>; Hamilton, *Sick Staff, Inmate Transfers*; Luke Barr, *Despite Coronavirus Warnings, Federal Bureau of Prisons Still Transporting Inmates*, ABC News (Mar. 23, 2020), <https://abcnews.go.com/Health/warnings-bureau-prisons-transporting-inmates-sources/story?id=69747416>.

⁵ Justine van der Leun, *The Incarcerated Person Who Knows How Bad It Can Get*, Medium (Mar. 19, 2020), <https://gen.medium.com/what-its-like-to-be-in-prison-during-the-coronavirus-pandemic-1e770d0ca3c5> ("If you don't have money, you don't have soap or tissues."); Keri Blakinger and Beth Schwartzapfel, *How Can Prisons Contain Coronavirus When Purrell Is a Contraband?*, ABA Journal (Mar. 13, 2020), <https://www.abajournal.com/news/article/when-purrell-is-contraband-how-can-prisons-contain-coronavirus>.

⁶ Rosa Schwartzburg, *'The Only Plan the Prison Has Is to Leave Us To Die in Our Beds'*, The Nation (Mar. 25, 2020), <https://www.thenation.com/article/society/coronavirus-jails-mdc/>.

⁷ Kimberly Kindy et al., *'Disaster Waiting to Happen': Thousands of Inmates Released as Jails and Prisons Face Coronavirus Threat*, Washington Post (Mar. 25, 2020), https://www.washingtonpost.com/national/disaster-waiting-to-happen-thousands-of-inmates-released-as-jails-face-coronavirus-threat/2020/03/24/761c2d84-6b8c-11ea-b313-df458622c2cc_story.html.

approximately 16% of whom are age 50 or older.⁸ The risk of coronavirus to incarcerated seniors is high. “Their advanced age, coupled with the challenges of practicing even the most basic disease prevention measures in prison, is a potentially lethal combination.”⁹ To make matters worse, correctional facilities are often ill-equipped to care for aging prisoners, who are more likely to suffer from chronic health conditions than the general public.

9. An estimated 39-43% of all prisoners, and over 70% of older prisoners, have at least one chronic condition, some of the most common of which are diabetes, hypertension, and heart problems.¹⁰ According to the CDC, each of these conditions—as well as chronic bronchitis, emphysema, heart failure, blood disorders, chronic kidney disease, chronic liver disease, any condition or treatment that weakens the immune response, current or recent pregnancy in the last two weeks, inherited metabolic disorders and mitochondrial disorders, heart disease, lung disease, and certain neurological and neurologic and neurodevelopment conditions¹¹—puts them at a “high-risk for severe illness from COVID-19.”¹²

⁸ Brie Williams *et al.*, *Strategies to Optimize the Use of Compassionate Release from US Prisons*, 110 *AJPH* S1, S28 (2020), available at <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305434>; Kimberly A. Skarupski, *The Health of America's Aging Prison Population*, 40 *Epidemiologic Rev.* 157, 157 (2018), available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5982810/>.

⁹ Weihua Li and Nicole Lewis, *This Chart Shows Why the Prison Population is So Vulnerable to COVID-19*, The Marshall Project (Mar. 19, 2020), <https://www.themarshallproject.org/2020/03/19/this-chart-shows-why-the-prison-population-is-so-vulnerable-to-covid-19>.

¹⁰ Brie A. Williams *et al.*, *How Health Care Reform Can Transform the Health of Criminal Justice-Involved Individuals*, 33 *Health Affairs* 462-67 (2014), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4034754/>; Brie A. Williams *et al.*, *Coming Home: Health Status and Homelessness Risk of Older Pre-release Prisoners*, 25 *J. Gen. Internal Med.* 1038-44 (2010), available at <https://link.springer.com/content/pdf/10.1007/s11606-010-1416-8.pdf>; Laura M. Maruschak *et al.*, *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011-12*, U.S. Dept of Justice (Oct. 4, 2016), at 5, available at <https://www.bjs.gov/content/pub/pdf/mpsfppi1112.pdf>.

¹¹ Harvard Health Publishing, *Coronavirus Research Center*, Harvard Medical School (Mar. 25, 2020), <https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center>.

¹² Centers for Disease Control and Prevention, *Coronavirus Disease 2019: People Who Are at Higher Risk*, <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html> (last updated Mar. 22, 2020).

10. However, even many young federal prisoners suffer from asthma, rendering them also very vulnerable to coronavirus.¹³

11. But it is not only the elderly, or those with preexisting medical conditions that are at risk of coronavirus in a correctional setting. As of March 23, 2020, New York City reported that “[p]eople ranging in ages from 18 to 44 have accounted for 46 percent of positive tests.”¹⁴ Across the United States, 38% of those hospitalized are between the ages of 20 and 54 and 12% of the intensive care patients are between 20 and 44.¹⁵

12. This data is of particular concern for inmate populations, since prisoners’ physiological age *averages 10 to 15 years older* than their chronological age.¹⁶ Therefore, the consensus of those who study correctional health is that inmates are considered “geriatric, by the age of 50 or 55 years.”¹⁷ It is not clear that prison health care administrations are taking accelerated ageing into account when determining the eligibility criteria for age-related screening tools and medical care protocols for coronavirus, potentially leaving large swathes of the prison population at risk.¹⁸

¹³ Laura Maruschak, *Medical Problems of Jail Inmates*, Dep’t of Justice (Nov. 2006), at p. 2, *available at* <https://www.bjs.gov/content/pub/pdf/mpji.pdf>.

¹⁴ Kimiko de Freytas-Tamura, *20-Somethings Now Realizing That They Can Get Coronavirus, Too*, N.Y. Times (Mar. 23, 2020), <https://www.nytimes.com/2020/03/23/nyregion/nyc-coronavirus-young.html>.

¹⁵ *Id.*

¹⁶ Brie A. Williams *et al.*, *Aging in Correctional Custody: Setting a Policy Agenda for Older Prisoner Health Care*, 102 Am. J. Public Health 1475-81 (2012), *available at* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3464842/>; *see also* Brie Williams *et al.*, *Detained and Distressed: Persistent Distressing Symptoms in a Population of Older Jail Inmates*, 64 J. Am. Geriatrics Soc. 2349-55 (2016), <https://onlinelibrary.wiley.com/doi/pdf/10.1111/jgs.14310> (“For example, older jail inmates with an average age of 60 in this study reported poor or fair health [and] chronic lung disease . . . at rates similar to those reported by community-based lower income older adults with an average age of 72.”).

¹⁷ Brie A. Williams *et al.*, *The Older Prisoner and Complex Chronic Medical Care* 165-70 in World Health Organization, *Prisons and Health* (2014), <https://pdfs.semanticscholar.org/64aa/10d3cff5800ed42dd152fcf4e13440b6f139.pdf>.

13. In one study, we found that inmates who died in hospitals were, on average, nearly two decades younger than non-incarcerated decedents, had significantly shorter hospitalizations, and had higher rates of several chronic conditions including cancer, liver disease and/or hepatitis, mental health conditions, and HIV/AIDS.”¹⁹

The Entire Community is at Risk If Prison Populations Are Not Reduced

14. As the World Health Organization has warned, prisons around the world can expect “huge mortality rates” from Covid-19 unless they take immediate action including screening for the disease.²⁰

15. As of March 24, 2020, at least 38 people involved in the New York City correctional system have tested positive for Covid-19.²¹ Already, three inmates and three staff at federal correctional facilities across the United States have tested positive for the coronavirus, according to the Federal Bureau of Prisons.²²

16. Jails and prisons are fundamentally ill-equipped to handle a pandemic.

17. Medical treatment capacity is not at the same level in a correctional setting as it is in a hospital. Some correctional facilities have no formal medical ward and no place to quarantine

¹⁸ Brie A. Williams *et al.*, *Differences Between Incarcerated and Non-Incarcerated Patients Who Die in Community Hospitals Highlight the Need For Palliative Care Services For Seriously Ill Prisoners in Correctional Facilities and in Community Hospitals: a Cross-Sectional Study*, 32 J. Palliative Med. 17-22 (2018), available at <https://journals.sagepub.com/doi/pdf/10.1177/0269216317731547>.

¹⁹ *Id.* at 20.

²⁰ Hannah Summers, *‘Everyone Will Be Contaminated’: Prisons Face Strict Coronavirus Controls*, The Guardian (Mar. 23, 2020), <https://www.theguardian.com/global-development/2020/mar/23/everyone-will-be-contaminated-prisons-face-strict-coronavirus-controls>.

²¹ Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*.

²² Ryan Lucas, *As COVID-19 Spreads, Calls Grow to Protect Inmates in Federal Prisons*, NPR (Mar. 24, 2020), <https://www.npr.org/sections/coronavirus-live-updates/2020/03/24/820618140/as-covid-19-spreads-calls-grow-to-protect-inmates-in-federal-prisons>.

sick inmates, other than the facilities' Special Housing Unit (SHU).²³ While the cells in the SHU have solid doors to minimize the threat of viral spread in otherwise overcrowded facilities, they rarely have intercoms or other ways for sick inmates to contact officers in an emergency.²⁴ This is particularly dangerous for those with COVID-19 infection since many patients with COVID-19 descend suddenly and rapidly into respiratory distress.²⁵

18. Even those facilities that do have healthcare centers can only treat relatively mild types of respiratory problems for a very limited number of people.²⁶ This means that people who become seriously ill while in prisons and jails will be transferred to community hospitals for care. At present, access to palliative care in prison is also limited.

19. Corrections officers may also be particularly vulnerable to coronavirus due to documented high rates of diabetes and heart disease.²⁷ Prison staff in Pennsylvania, Michigan, New York and Washington state have tested positive for the virus, resulting in inmate quarantines. In Washington, D.C., a U.S. marshal who works in proximity to new arrestees tested positive for the virus, meaning dozens of defendants headed for jail could have been exposed.²⁸ In New York,

²³ MCC New York COVID 19 Policy Memo, Mar. 19, 2020, <https://www.documentcloud.org/documents/6818073-MCC-New-York-COVID-19-Policy-Memo.html>; Danielle Ivory, 'We Are Not a Hospital': A Prison Braces for the Coronavirus, N.Y. Times (Mar. 17, 2020), <https://www.nytimes.com/2020/03/17/us/coronavirus-prisons-jails.html>.

²⁴ Brie Williams *et al.*, *Correctional Facilities in the Shadow of COVID-19: Unique Challenges and Proposed Solutions*, Health Affairs (Mar. 26, 2020), <https://www.healthaffairs.org/doi/10.1377/hblog20200324.784502/full/>.

²⁵ Lizzie Presser, *A Medical Worker Describes Terrifying Lung Failure From COVID-19—Even in His Young Patients*, ProPublica (Mar. 21, 2020), <https://www.propublica.org/article/a-medical-worker-describes--terrifying-lung-failure-from-covid19-even-in-his-young-patients>.

²⁶ Ellis, *Covid-19 Poses a Heightened Threat in Jails and Prisons*; Li and Lewis, *This Chart Shows Why the Prison Population is So Vulnerable to COVID-19*.

²⁷ Brie Williams, *Role of US-Norway Exchange in Placing Health and Well-Being at the Center of US Prison Reform*, <https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305444> (published Jan. 22, 2020).

²⁸ Zusha Elinson and Deanna Paul, *Jails Release Prisoners, Fearing Coronavirus Outbreak*, WSJ (Mar. 22, 2020), <https://www.wsj.com/articles/jails-release-prisoners-fearing-coronavirus-outbreak-11584885600> ("We're all headed for some dire consequences," said Daniel Vasquez, a former warden of San Quentin and Soledad state prisons in

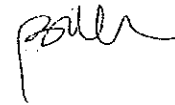
236 members of the New York Police Department have tested positive for coronavirus and 3,200 employees are sick, triple the normal sick rate.²⁹ Two federal prison staffers have also tested positive.³⁰

20. For this reason, correctional health is public health. Decreasing risk in prisons and jails decreases risk to our communities.

21. Reducing the overall population within correctional facilities will also help medical professionals spread their clinical care services throughout the remaining population more efficiently. With a smaller population to manage and care for, healthcare and correctional leadership will be better able to institute shelter in place and quarantine protocols for those who remain. This will serve to protect the health of both inmates as well as correctional and healthcare staff.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: San Francisco, California
March 27, 2020



Dr. Brie Williams

California. "They're in such close quarters—some double- and triple-celled—I think it's going to be impossible to stop it from spreading.").

²⁹ Erin Durkin, *Thousands of NYPD Officers Out Sick Amid Coronavirus Crisis*, Politico (Mar. 25, 2020), <https://www.politico.com/states/new-york/albany/story/2020/03/25/thousands-of-nypd-officers-out-sick-amid-coronavirus-crisis-1268960>.

³⁰ Elinson and Paul, *Jails Release Prisoners, Fearing Coronavirus Outbreak*.

Exhibit : Administrative Remedies

Administrative Remedy
Step 2 – Response

Date Filed: February 2, 2021

Remedy ID No.: MVCF-2021-2-027

Inmate Name: Juan Camilo-Polanco

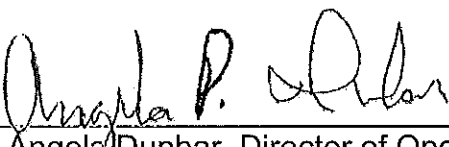
Reg. No.: 45434-054

This is in response to your Step 2 Administrative Remedy dated February 1, 2021, in which you request a Compassionate Release.

A thorough review of your request was completed. At present, your information reveals that you have a Public Safety Factor of Deportable Alien. During the designation process, the Bureau of Prisons, Designation and Sentence Computation Center, applied the Public Safety Factor of Deportable Alien, due to your citizenship to Dominican Republic. Additionally, a decision by immigration officials in regards to your deportation status remains pending.

Due to this information, you appear ineligible for a compassionate release at this time.

You have exhausted all of your Administrative Remedies at this level.

2/11/21
Date: 
Angela Dunbar, Director of Operations



WARDEN'S OFFICE

FEB 02 2021



Correctional Programs
Administrative Remedies

MOSHANNON VALLEY CORRECTIONAL CENTER

Step 2 Administrative Remedy Form

Paso 2 Forma De Remedio Administrativo

| | |
|---|--|
| Name: Juan Carlos Camilo Polanco Nombre: | BOP Number: 454341054 BOP Numero: |
| Date: 01-12-21 Fecha: | Housing Assignment: C5 Unidad Asignada: |
| FOR OFFICIAL USE ONLY – PARA USO OFICIAL SOLAMENTE | |
| Date Received: 02-01-2021 | Remedy #: 2021-02-027 |
| Date Due: | |

Complaint – Reclamo

Describe your complaint in the section below. Be as concise as possible, but be sure to include enough identifying data to assist in a thorough investigation (e.g. dates, names, locations, times, etc...) Attach one (1) additional page if necessary and the Informal Resolution Form and Step 1 response with any other supporting documentation.

Describe su telaino en la seccion de abajo. Dea lo mas breve posible, pero asegurese de incluir suficiente informacion para asistir en una completa investigacion (pe.. Fechas, nombres, ubicaciones, tiempos, etc...) Agregue una pagina si es necesario.

Please reconsider Warden's decision to deny my request for compassionate release pursuant 18 USC 3582 and 4202.
Thank you in advance.

JUAN CARLOS CAMILO
Inmate Signature

01-12-21
Date



January 6, 2021

Inmate: Camilo-Polanco, Juan Carlos
Reg. No.: 45434-054

GEO Secure Services™
Moshannon Valley Correctional Facility
555 GEO Drive
Philipsburg, PA 16866
Tel: 814-768-1200

www.geogroup.com

Re: Inmate Request to Staff requesting Consideration of Compassionate Release.

I write in response to the Compassionate Release Request received January 6, 2021. A review of the request has been completed pursuant to Bureau of Prisons Program Statement 5050.50 dated January 17, 2019, Compassionate Release/Reduction in Sentence: Procedures for Implementation of 18 U.S.C §§ 3582 and 4202(g).

After careful review of your request, it appears that you are ineligible based on the requirements for consideration set forth by the Bureau of Prisons.

Detainer Status: Yes or No— If an inmate has an ICE Detainer or the Public Safety Factor of Deportable Alien, the inmate is ineligible for community based programs to include halfway house, home confinement, and compassionate releases; however, if a decision is made in regards to his deportation status and he is determined to be not deportable, the inmate becomes eligible for those programs.

The following section would need to be filled out on all eligible cases:

Twelve (12) month institutional history:

N/A

Verifiable release plan:

N/A

Offense History:

N/A

Security Level of Facility:

N/A



PATTERN Score:

N/A

Age and vulnerability of the inmate to COVID-19, in accordance with the CDC Guidelines:

N/A

Other Factors:

During the designation process, the Bureau of Prisons, Designation and Sentence Computation Center, applied the Public Safety Factor of Deportable Alien, due to your citizenship to the Dominican Republic. A decision by immigration officials in regards to your deportation status remains pending.

Given the above factors, it does not appear that you are eligible for Compassionate Release. This recommendation is non-final and may be appealed thru the Bureau of Prisons Administrative Remedy Procedures outlined in the Inmate Admission and Orientation Handbook.

It should also be noted that we are following the CDC and Bureau of Prisons Guidelines for social distancing, sanitation, education, screening of staff and inmates, and quarantine, as well as established universal precautions to every extent possible.

Sincerely,

A handwritten signature in black ink, appearing to read "L.J. Oddo".

L.J. Oddo
Facility Administrator

cc: SSIM
Contracting Officer

MEMORANDUM



Date: December 30, 2020

To: Camilo, Juan
Reg. No.: 45434-054

From: J. J. Oddo, Facility Administrator

Moshannon Valley
Correctional Facility
555 GEO Drive
Phillipsburg, PA 16866
(814)768-1200

www.geogroup.com

RE: INMATE REQUEST TO A STAFF MEMBER

I am in receipt of your Inmate Request to a Staff Member requesting a Compassionate Release.

Per BOP PS 5050.50, Compassionate Release/Reduction in Sentence, you must provide the extraordinary or compelling circumstances which could not reasonably have been foreseen by the court at the time of your sentencing. Your request to the Facility Administrator must at a minimum contain:

1. The extraordinary or compelling circumstances that the inmate believes warrant consideration.
2. Proposed release plans, including where the inmate will reside, how the inmate will support himself/herself, and, if the basis for the request involves the inmate's health, information on where the inmate will receive medical treatment, and how the inmate will pay for such treatment.

I trust this addresses your concerns.

I SUFFER FROM ARTHRITIS, DIABETIS
HYPERTENSION SINCE 2016 HAD FAMILY
THAT HAD PAST AWAY DUE TO COVID 19

I WILL BE DEPORTED MY WIFE WILL SUPPORT
ME IN MY COUNTRY DOMINICAN REPUBLIC
WE HAVE INSURE AND WILL BE TAKEN
CARE

C1-3L



Moshannon Valley Correctional Facility

30
H2

**INMATE REQUEST TO A STAFF MEMBER
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA: WARDEN
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

I will like to file for compassion
RELEASE DUE TO COVID-19
AND MY MEDICAL ISSUES.

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.) (USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: JUAN CARLOS CAMILO
NO. / Numero: 45434-0541

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: C-1 UNIT/UNIDAD:

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.
NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE) DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

DATE/FECHA: _____

Officer/Official

Exhibit : Family Support Letters

24/12/2020

Distinguido y honorable juez después de saludarle y esperar que se encuentre usted bien le escribo estas líneas para expresarle lo siguiente: Mi nombre es María Teresa MENA Rojas, soy Dominicana, Mayor de edad, cedula de identidad y electoral No.056-0125203-3, soy la esposa de JUAN CARLOS CAMILO POLANCO Numero de caso 4543-054, tenemos 25 años de unión, en la cual hemos procreado dos hijos, de nombre John Carlos Camilo de 19 años de edad y Camila Nicole Camilo de 7 años de edad, mis hijos y yo estamos pasando una situación muy triste y difícil, ya que los niños todos los días me preguntan que cuando van a estar con su papa, yo como madre me siento destruida por no poder decirle a mis hijos el tiempo que van a durar para ver a su padre, mi esposo es todo para nosotros, nuestras vidas no son igual sin él, es difícil para una madre criar a sus hijos sola, no le puedo dedicar el tiempo necesario que ellos merecen ya que debo trabajar duro para darle el sustento y educación que ellos merecen ,mi esposo era el proveedor de nuestra familia y yo me encargaba del hogar y la educación de los niños, cosa que ya no puedo hacer por trabajar fuera del hogar, le pido con todo respeto y con todo mi corazón que le de una oportunidad a mi esposo para que pueda regresar a la casa conmigo y nuestros hijos, Honorable JUEZ, mi esposo es un hombre bueno, dedicado a su familia, tiene un gran corazón, siempre le ha gustado ayudar a los más necesitados, si bien es cierto que ha cometido errores, el tiempo que tiene privado de su libertad ha reflexionado y ha cambiado totalmente para bien, por favor Honorable JUEZ dele a mis hijos la oportunidad de crecer junto a su padre.

Agradeciéndole de antemano su buen gesto y gran corazón de recibir esta carta con la súplica de una esposa y madre desesperada, deseando con todo mi corazón tener mi familia unida nuevamente. Que Dios le bendiga a usted y su familia grandemente, espero en Dios recibir buenas noticias.

Muchísimas gracias.


MARIA TERESA MENA ROJAS

TELEFONO:(849-207-7912)

CORREO ELECTRONICO: johncarloscamilo@gmail.com

Dear Judge:

My name is Jennifer Camilo niece of Juan Carlos Camilo Polanco no.45434-054 in this letter I want to describe my uncle who is a good person with many virtues and good qualities respectful, good father, good son and good uncle , we understand what my uncle did and the consequences that this brings but please I ask you to take it into consideration since he is a patient of rheumatoid arthritis and diabetes for our family and his childrens, it has been very difficult not to see him during these last years I ask you to please give him a second chance Juan Carlos is an adult person who has already learned to differentiate the good and bad things in life, it is very hard for us not to be with him during this Covid-19 pandemic, which is a risk for a person with his health conditions.

Jennifer Camilo

Honorable Juez

Mi nombre es John Carlos Camilo Mena de 18 años, hijo de Juan Carlos Camilo. Mi padre es una persona que tiene problemas de salud como: Reumatismo y Diabetes lo que hace que debido a la situación de Covid-19 me preocupa mucho lo que le pueda ocurrir. Estoy seguro de que el esta arrepentido de todos los hechos que ha cometido, y en este caso quisiera que lo tome en cuenta.

Mi padre es un hombre noble, respetuoso e integro y que siempre ha velado por la vida de los demás.

Muchas gracias honorable

DECLARACIÓN JURADA

Quien suscribe, **MARIA TERESA MENA ROJAS**, dominicana, mayor de edad, agricultora, portadora de la Cédula de identidad y electoral no. 056-0125203-3, domiciliada y residente en la calle principal S/N, urbanización Andújar, edificio **ASHLEY ROCHYLEE** Apt. 2B del municipio de San Francisco de Macorís, Provincia Duarte, Republica Dominicana, por medio del presente acto **DECLARA BAJO LA FE DEL JURAMENTO**, lo siguiente:

PRIMERO: Que soy la propietaria del inmueble identificado bajo la designación catastral No. parcela 28L, Distrito Catastral No. 9 De San Francisco de Macorís: **APARTAMENTO No. 202 SEGUNDO NIVEL EDIFICIO A**, amparador bajo el certificado de títulos Matricula No. 19000031091 con una superficie de 140.00M2 valorado en **CUATRO MILLONES QUINIENTOS MIL PESOS DOMINICANOS (RD\$ 4,500,00.00)** lugar donde tengo más de Catorce (14) años residiendo.

SEGUNDO: Que soy la propietaria del vehículo identificado bajo el No. de registro A647438, chasis 4T1BE46K89U834531, Marca Toyota, modelo Camry SE, año 2009, color Blanco, Motor o No. de serie 834531, fuerza motriz 2400, cap. Carga 0, cilindros 4 valorado en unos **QUINIENTOS MIL PESOS DOMINICANOS (RD\$500,000.00)**, certificado de propiedad de vehículo de motor amparado bajo el No. 6398366, expedido en fecha 06/05/2015.-

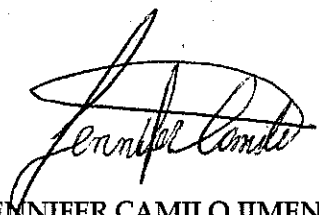
TERCERO: Que soy una persona dedicada a la agricultura por más de Quince Años (15) dedicándome a la siembra y venta de tubérculos como el plátano, la yuca actividad económica con la cual me sustento percibiendo beneficios pecuniarios por cada corte o cosecha ascendentes a la suma de **UN MILLÓN DOSCIENTOS MIL PESOS DOMINICANOS (RD\$1,200,000.00)** Anuales.

CUARTO: Que estoy unida bajo la unión de hecho por más de 25 años con el señor **JUAN CARLOS CAMILO POLANCO** identificado bajo el No. ID 45434:054 persona con la que he procreado Dos hijos.

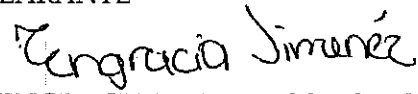
QUINTO: Que el señor **JUAN CARLOS CAMILO POLANCO** es una persona con comorbilidad problemas de reumatismo y diabetes, y la situación actual de la pandemia del coronavirus **COVID-19** nos preocupa sobre manera por lo que me comprometo hacerme responsable del sustento económico y asegurar la presentación ante la justicia de la Republica Dominicana, Estados Unidos de América y cualquier parte del mundo a fin de que le otorguen una moción, amnistía, indulto, perdón o cualquier beneficio a su favor de reducirle parte de la pena .

SEXTO: Que todo lo anteriormente expresado corresponde a la más fiel expresión de la verdad y por tanto debe dársele entera fe y crédito, la cual se hace en presencia de las señoras **JENNIFER CAMILO JIMENEZ** y **ENGRACIA JIMENEZ CONCEPCION**, dominicanas, mayores de edad, solteras, estudiante y comerciante, portadoras de las cédulas de identidad y electoral nos. 402-3864242-1 y 056-0107526-9, domiciliadas y residentes en la Ciudad y Municipio de San Francisco de Macorís, Provincia Duarte, Republica Dominicana.

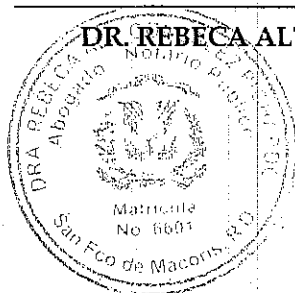
Hecho y pasado en mi estudio en la Ciudad y Municipio de San Francisco de Macorís, Provincia Duarte, República Dominicana, a los Veintitrés (23) días del mes de Diciembre del año dos mil veinte (2020).


JENNIFER CAMILO JIMENEZ
TESTIGO


MARIA TERESA MENA ROJAS
DECLARANTE


ENGRACIA JIMENEZ CONCEPCION
TESTIGO

YO, DR. REBECA ALTAGRACIA GONZALEZ PICHARDO, Notario de los del número para este Municipio de San Francisco de Macorís, matriculado bajo el No. 6601, cedula no. 056-0011955-5, con domicilio procesal en la calle 27 febrero no.85, Plaza krysan, Segundo Nivel, Cubículo 205, CERTIFICO Y DOY FE: que por ante mi han comparecido los señores: MARIA TERESA MENA ROJAS, JENNIFER CAMILO JIMENEZ y ENGRACIA JIMENEZ CONCEPCION; quienes de una manera libre y voluntaria firmó de sus puños y letras declarándome que esa es la forma como ellos acostumbran a firmar en todos los actos de su vida tanto públicos como privado. San Francisco de Macorís, Provincia Duarte, República Dominicana, a los Veintitrés (23) días del mes de Diciembre.-




DR. REBECA ALTAGRACIA GONZALEZ PICHARDO
Notario Público

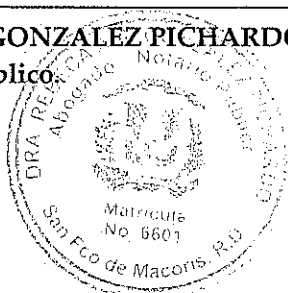


Exhibit : Sentence computaion Data and Program Review

| | | | |
|----------------|---------------------|---|------------|
| MVCDF 540*23 * | SENTENCE MONITORING | * | 01-11-2021 |
| PAGE 001 * | COMPUTATION DATA | * | 07:24:49 |
| | AS OF 01-11-2021 | | |

REGNO.: 45434-054 NAME: CAMILO-POLANCO, JUAN CARLOS

| | | |
|------------------------|---------------------------|---------|
| FBI NO.....: 608755EB3 | DATE OF BIRTH: 05-05-1975 | AGE: 45 |
| ARS1.....: MVC/A-DES | | |
| UNIT.....: UNIT C | QUARTERS.....: C05-009U | |
| DETAINERS.....: NO | NOTIFICATIONS: NO | |

HOME DETENTION ELIGIBILITY DATE: 06-25-2025

THE FOLLOWING SENTENCE DATA IS FOR THE INMATE'S CURRENT COMMITMENT.
THE INMATE IS PROJECTED FOR RELEASE: 12-25-2025 VIA GCT REL

-----CURRENT JUDGMENT/WARRANT NO: 020 -----

COURT OF JURISDICTION.....: NEW YORK, SOUTHERN DISTRICT
DOCKET NUMBER.....: 1:19-CR-049-2 (JMF)
JUDGE.....: FURMAN
DATE SENTENCED/PROBATION IMPOSED: 11-06-2019
DATE COMMITTED.....: 11-20-2020
HOW COMMITTED.....: US DISTRICT COURT COMMITMENT
PROBATION IMPOSED.....: NO

| | FELONY ASSESS | MISDMNR ASSESS | FINES | COSTS |
|-----------------|---------------|----------------|---------|---------|
| NON-COMMITTED.: | \$100.00 | \$00.00 | \$00.00 | \$00.00 |

RESTITUTION...: PROPERTY: NO SERVICES: NO AMOUNT: \$00.00

-----CURRENT OBLIGATION NO: 010 -----

OFFENSE CODE....: 391 21:846 SEC 841-851 ATTEMPT
OFF/CHG: 21:846 CONSPIRACY TO DISTRIBUTE NARCOTICS CT.1

SENTENCE PROCEDURE.....: 3559 PLRA SENTENCE
SENTENCE IMPOSED/TIME TO SERVE.: 97 MONTHS
TERM OF SUPERVISION.....: 4 YEARS
DATE OF OFFENSE.....: 02-05-2019

G0002 MORE PAGES TO FOLLOW . . .

| | | | |
|-------------------|---------------------|---|------------|
| MVCDF 540*23 * | SENTENCE MONITORING | * | 01-11-2021 |
| PAGE 002 OF 002 * | COMPUTATION DATA | * | 07:24:49 |
| | AS OF 01-11-2021 | | |

REGNO.: 45434-054 NAME: CAMILO-POLANCO, JUAN CARLOS

-----CURRENT COMPUTATION NO: 020 -----

COMPUTATION 020 WAS LAST UPDATED ON 03-25-2020 AT DSC AUTOMATICALLY
COMPUTATION CERTIFIED ON 04-14-2020 BY DESIG/SENTENCE COMPUTATION CTR

THE FOLLOWING JUDGMENTS, WARRANTS AND OBLIGATIONS ARE INCLUDED IN
CURRENT COMPUTATION 020: 020 010

| | | | |
|-----------------------------------|------------|------------|--------|
| DATE COMPUTATION BEGAN..... | 11-06-2019 | | |
| TOTAL TERM IN EFFECT..... | 97 MONTHS | | |
| TOTAL TERM IN EFFECT CONVERTED.. | 8 YEARS | 1 MONTHS | |
| EARLIEST DATE OF OFFENSE..... | 02-05-2019 | | |
| JAIL CREDIT..... | FROM DATE | THRU DATE | |
| | 02-05-2019 | 11-05-2019 | |
| TOTAL PRIOR CREDIT TIME..... | 274 | | |
| TOTAL INOPERATIVE TIME..... | 0 | | |
| TOTAL GCT EARNED AND PROJECTED.. | 436 | | |
| TOTAL GCT EARNED..... | 54 | | |
| STATUTORY RELEASE DATE PROJECTED: | 12-25-2025 | | |
| ELDERLY OFFENDER TWO THIRDS DATE: | 06-26-2024 | | |
| EXPIRATION FULL TERM DATE..... | 03-06-2027 | | |
| TIME SERVED..... | 1 YEARS | 11 MONTHS | 7 DAYS |
| PERCENTAGE OF FULL TERM SERVED.. | 23.9 | | |
| PERCENT OF STATUTORY TERM SERVED: | 28.1 | | |
| PROJECTED SATISFACTION DATE..... | 12-25-2025 | | |
| PROJECTED SATISFACTION METHOD.... | GCT REL | | |

G0000 TRANSACTION SUCCESSFULLY COMPLETED

MVCDF 542*22 * SENTENCE MONITORING * 01-11-2021
 PAGE 001 OF 001 * GOOD TIME DATA * 07:25:07
 AS OF 01-11-2021

REGNO...: 45434-054 NAME: CAMILO-POLANCO, JUAN CARLOS
 ARS 1...: MVC A-DES PLRA
 COMPUTATION NUMBER...: 020 PRT ACT DT:
 LAST UPDATED: DATE.: 03-25-2020 FACL...: DSC CALC: AUTOMATIC
 UNIT.....: UNIT C QUARTERS.....: C05-009U
 DATE COMP BEGINS.....: 11-06-2019 COMP STATUS.....: COMPLETE
 TOTAL JAIL CREDIT...: 274 TOTAL INOP TIME.....: 0
 CURRENT REL DT.....: 01-11-2027 MON EXPIRES FULL TERM DT: 03-06-2027
 PROJ SATISFACT DT...: 12-25-2025 THU PROJ SATISF METHOD...: GCT REL
 ACTUAL SATISFACT DT.: ACTUAL SATISF METHOD:
 DAYS REMAINING.....: FINAL PUBLIC LAW DAYS:
 GED PART STATUS.....: 12-13-2004 GED SAT DEPORT ORDER DATED...: 0000000000

-----GOOD CONDUCT TIME AMOUNTS-----

| START DATE | STOP DATE | MAX POSSIBLE TO DIS FFT | ACTUAL TOTALS DIS FFT | VESTED AMOUNT | VESTED DATE |
|---------------|--------------|----------------------------|--------------------------|------------------|----------------|
| 02-06-2019 | 02-05-2020 | 54 | 54 | | |
| 02-06-2020 | 02-05-2021 | 54 | | | |
| 02-06-2021 | 02-05-2022 | 54 | | | |
| 02-06-2022 | 02-05-2023 | 54 | | | |
| 02-06-2023 | 02-05-2024 | 54 | | | |
| 02-06-2024 | 02-05-2025 | 54 | | | |
| 02-06-2025 | 02-05-2026 | 54 | | | |
| 02-06-2026 | 02-05-2027 | 54 | | | |
| 02-06-2027 | 03-06-2027 | 4 | | | |

TOTAL EARNED AMOUNT.....: 54
 TOTAL EARNED AND PROJECTED AMOUNT.....: 436

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

MVCDF 542*22 *
PAGE 001 OF 001 *

SENTENCE MONITORING
GOOD TIME DATA
AS OF 01-11-2021

* 01-11-2021
* 07:25:07

REGNO...: 45434-054 NAME: CAMILO-POLANCO, JUAN CARLOS
ARS 1...: MVC A-DES PLRA
COMPUTATION NUMBER...: 020 PRT ACT DT:
LAST UPDATED: DATE.: 03-25-2020 FACL...: DSC CALC: AUTOMATIC
UNIT.....: UNIT C QUARTERS.....: C05-009U
DATE COMP BEGINS....: 11-06-2019 COMP STATUS.....: COMPLETE
TOTAL JAIL CREDIT...: 274 TOTAL INOP TIME.....: 0
CURRENT REL DT.....: 01-11-2027 MON EXPIRES FULL TERM DT: 03-06-2027
PROJ SATISFACT DT...: 12-25-2025 THU PROJ SATISF METHOD...: GCT REL
ACTUAL SATISFACT DT.: ACTUAL SATISF METHOD:
DAYS REMAINING.....: FINAL PUBLIC LAW DAYS:
GED PART STATUS.....: 12-13-2004 GED SAT DEPORT ORDER DATED...: 0000000000

-----GOOD CONDUCT TIME AMOUNTS-----

| START DATE | STOP DATE | MAX POSSIBLE TO DIS FFT | ACTUAL TOTALS DIS FFT | VESTED AMOUNT | VESTED DATE |
|---------------|--------------|---------------------------------|-------------------------------|------------------|----------------|
| 02-06-2019 | 02-05-2020 | 54 54 | | | |
| 02-06-2020 | 02-05-2021 | 54 | | | |
| 02-06-2021 | 02-05-2022 | 54 | | | |
| 02-06-2022 | 02-05-2023 | 54 | | | |
| 02-06-2023 | 02-05-2024 | 54 | | | |
| 02-06-2024 | 02-05-2025 | 54 | | | |
| 02-06-2025 | 02-05-2026 | 54 | | | |
| 02-06-2026 | 02-05-2027 | 54 | | | |
| 02-06-2027 | 03-06-2027 | 4 | | | |

TOTAL EARNED AMOUNT.....: 54
TOTAL EARNED AND PROJECTED AMOUNT.....: 436

G0005 TRANSACTION SUCCESSFULLY COMPLETED - CONTINUE PROCESSING IF DESIRED

**Individualized Needs Plan - Initial Classification (Inmate Copy)**

SEQUENCE: 00988412

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-14-2020

Plan is for inmate: CAMILO-POLANCO, JUAN CARLOS 45434-054

Facility: MVC MOSHANNON VALLEY CI Proj. Rel. Date: 12-25-2025
 Name: CAMILO-POLANCO, JUAN CARLOS Proj. Rel. Mthd: GCT REL
 Register No.: 45434-054 DNA Status: FTD01158 / 08-18-2006
 Age: 45
 Date of Birth: 05-05-1975

Detainers

| Detaining Agency | Remarks |
|------------------|---------|
|------------------|---------|

NO DETAINER

Pending Charges

| |
|---------------------------------|
| ICE - Deportation investigation |
|---------------------------------|

Current Work Assignments

| Fac | Assignment | Description | Start |
|-----|------------|------------------------------|------------|
| MVC | QUARANTINE | INMATE IS PENDING QUARANTINE | 11-20-2020 |

Current Education Information

| Fac | Assignment | Description | Start |
|-----|------------|----------------------------|------------|
| MVC | ESL HAS | ENGLISH PROFICIENT | 12-14-2005 |
| MVC | GED EP | ENROLL GED PROMOTE W/CAUSE | 12-05-2005 |
| MVC | GED SAT | GED PROGRESS SATISFACTORY | 12-13-2004 |

Education Courses

| SubFac | Action | Description | Start | Stop |
|--------|--------|-------------|-------|------|
|--------|--------|-------------|-------|------|

NO COURSES

Discipline History (Last 6 months)

| Hearing Date | Prohibited Acts |
|--------------|---|
| 09-30-2020 | 307 : REFUSING TO OBEY AN ORDER 404 : USING ABUSIVE/OBSCENE LANGUAGE |

Current Care Assignments

| Assignment | Description | Start |
|------------|--------------------------------|------------|
| CARE1 | HEALTHY OR SIMPLE CHRONIC CARE | 09-24-2020 |
| SCRN1-MH | SCRN1-MENTAL HEALTH | 01-16-2020 |

Current Medical Duty Status Assignments

| Assignment | Description | Start |
|------------|--------------------------------|------------|
| C19-QUAR | COVID-19 QUARANTINED | 11-20-2020 |
| NO F/S | NO FOOD SERVICE WORK | 11-25-2020 |
| REG DUTY W | REGULAR DUTY W/MED RESTRICTION | 11-25-2020 |

Current Drug Assignments

| Assignment | Description | Start |
|------------|-------------------------------|------------|
| ED WAIT RJ | DRUG EDUCATION WAIT-RQ JUDREC | 12-01-2020 |

FRP Details

| |
|--------------------------|
| Most Recent Payment Plan |
|--------------------------|

FRP Assignment: PART FINANC RESP-PARTICIPATES Start: 12-16-2020

Inmate Decision: AGREED \$40.00 Frequency: SINGLE
 Payments past 6 months: \$0.00 Obligation Balance: \$100.00

Financial Obligations

| No. | Type | Amount | Balance | Payable | Status |
|--|-------|----------|----------|-----------|------------|
| 1 | ASSMT | \$100.00 | \$0.00 | IMMEDIATE | COMPLETEDZ |
| ** NO ADJUSTMENTS MADE IN LAST 6 MONTHS ** | | | | | |
| 2 | ASSMT | \$100.00 | \$100.00 | IMMEDIATE | NEVER PLAN |
| ** NO ADJUSTMENTS MADE IN LAST 6 MONTHS ** | | | | | |

Payment Details

Archived as of 12-16-2020

Individualized Needs Plan - Initial Classification (Inmate Copy)

Page 1 of 3

**Individualized Needs Plan - Initial Classification (Inmate Copy)**

SEQUENCE: 00988412

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-14-2020

Plan is for inmate: CAMILO-POLANCO, JUAN CARLOS 45434-054

Most Recent Payment Plan

Trust Fund Deposits - Past 6 months: \$300.00

Payments commensurate ? N/A

New Payment Plan:

** No data **

Progress since last review

Initial Classification -

You are currently completing the Admission and Orientation Program.

You owe the court a \$100.00 Felony Assessment Fee.

You have a current inmate account balance of \$145.05.

You do not have a verified GED or High School Diploma.

You have received an incident report in September 2020 for Refusing to Obey an Order and Using Abusive/Obscene Language.

You have not been enrolled in the Drug Education class.

Next Program Review Goals

When medically cleared, begin your work detail and earn good work evaluations each month to be eligible for bonus pay.

Sign your Inmate Financial Responsibility Program contract and begin making payments of \$25.00 every three months in January 2021.

Enroll in and complete at least 40 hours of GED/ESL/Literacy classes in the Programs Department.

Read your Inmate Handbook and become familiar with facility rules and your responsibilities.

When called to attend, enroll in the Drug Education class in the Medical Department.

Long Term Goals

From today until 12-14-2021:

Earn good work evaluations to demonstrate your positive work ethic and to learn skills to prepare you for employment following your release, such as,

learning to follow a schedule, learning to follow instructions and demonstrating performance improvement.

Demonstrate financial responsibility by ensuring funds are available in your account to make your payments to your financial obligations to the court.

This will also allow you to complete the obligation within one year.

Complete at least 100 hours of GED preparation classes, and/or earn your GED to increase your level of education and to improve your future

employment opportunities. People who have a GED are qualified for more jobs at higher rates of pay.

Earn all of your Good Conduct Time days and maintain eligibility for privileges by following all facility rules found in your Inmate Handbook.

Complete 40 hours of the Drug Education class to learn about substance abuse. Pass the final exam to demonstrate your understanding of the subject.

RRC/HC Placement

No.

Criminal alien releasing to custody of ICE.

Comments

Citizen of the Dominican Republic, no current treaty exists between the United States and the foreign country.

FRP Contract signed 12/20

PREA Update completed 12/20

Visitor List - completed 12/20

FSA Eligible/R-Low 12/20



Individualized Needs Plan - Initial Classification (Inmate Copy)

SEQUENCE: 00988412

Dept. of Justice / Federal Bureau of Prisons

Team Date: 12-14-2020

Plan is for inmate: CAMILO-POLANCO, JUAN CARLOS 45434-054

Name: CAMILO-POLANCO, JUAN
Register No.: 45434-054
Age: 45
Date of Birth: 05-05-1975

DNA Status: FTD01158 / 08-18-2006

Inmate (CAMILO-POLANCO, JUAN CARLOS. Register No.: 45434-054)

Date

Unit Manager / Chairperson

Case Manager

Date

Date

Exhibit : Medical Records

MOSHANNON VALLEY CENTER

NKDA

PAIN ASSESSMENT

| 0 | 1 | 2 | 3 | 4 |
|---------|------|----------|--------|-------------|
| No Pain | Mild | Moderate | Severe | Very Severe |

[illegible]

NURSING ASSESSMENT PROTOCOLS

45434-054

CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

RESPIRATORY: RULE OUT CORONAVIRUS

DOB:

ID Number:

Facility Name:

SUBJECTIVE: Chief Complaint:

"no covid i'm fine"

Sick Call ☐ Routine ☐ Urgent ☐ Walk-In ☐ Self-Declared Emergency ☐ True Emergency ☐

Date/Time/Activity at onset: N/A

Allergies: N/A

Precipitating factors: Date I/D/R admitted to facility: N/A

Has I/D/R been exposed to anyone with COVID-19 or Flu symptoms? (Who, What, When): N/A

Has I/D/R been off-site recently (when, where): N/A

Has I/D/R had any of the following symptoms (circle applicable): Fever Chills Repeated Shaking Chills Cough
Shortness of Breath Muscle Pain Headache Sore Throat New Loss of Taste or Smell deniesHas the I/D/R had any of the following (circle applicable): Trouble Breathing Persistent Chest Pain New Confusion or
Inability to Arouse Bluish Lips or Face N/A

Current medications (OTC and Rx): see MAR

Age 65 years or older: no History of HTN: no

Heart disease: yes

Diabetes: yes

Other chronic illness: see MAR

Recent respiratory infection: no

OBJECTIVE BP: 110/41 P: 70 R: 18 T: 98.4 > than 100.4 refer to provider) Weight: 205 O2 Sat: 99

Weakness: no Fatigue: no

Cough: Yes / No Productive: Yes / No

Respiratory rhythm: even / uneven / unlabored / labored / shallow / normal / deep

Shortness of Breath: no Retractions/Accessory muscle use: no

Right Lung Sounds (describe severity):

Clear Wheezes Ronchi Rales Diminished

Left Lung Sounds (describe severity):

Clear Wheezes Ronchi Rales Diminished

Skin: Normal (warm/pink/dry) / Dusky

Pale

Flushed

Cyanotic Mottled

Diaphoretic

Cool

Swollen glands (describe): no

Pain (Y/N):

Location: N/A

Severity (Scale 1-10): 0/10

ASSESSMENT: Health maintenance

PLAN: Notify On call MD/PA/NP if Temperature > 100.4, dry cough, respiratory distress, severe symptoms or signs of infection.

1. Promptly place a surgical mask over the patient's face and nose
2. Test for Influenza A and B. If Positive, notify Provider and refer to URI: Colds/Flu/Sore Throat/Sinusitis Protocol
3. Notify provider immediately if Influenza test Negative
4. Place in a single cell or negative pressure room
5. Report to HSA for potential dorm cohort
6. If need to be transported to ER - call in advance the EMS and hospital and notify of possible COVID-19

EDUCATION:

- Instructed to cough or sneeze into their elbow or sleeve or cover coughs or sneezes with a tissue and throw the tissue directly into the trash.
- Instructed in proper hand washing for a minimum of 20-seconds with soap and water.
- Instructed not to touch face, eyes, mouth and in proper mask usage.
- Instructed notify medical staff if symptoms persist or worsen.
- Instructed to maintain social distancing- 6 feet from those with symptoms

NOTE: Reaffirm - Wash hands frequently especially after eating, coughing, sneezing, using the toilet.

Interpreter Line Number, if required:

Nursing Signature:

L. Little, RN
MVCF

Date: 1/6/20

Print/Stamp:

Time: 1300

MOSHANNON VALLEY CENTER

ARSD: 11-20-2020 MVCF

0 1 2 3 4 5

No Pain Mild Moderate Severe Very Severe Worse

WUPA

[illegible]



The GEO Group, Inc.

MOSHANNON VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS

NAME: DOB: 05-05-1975

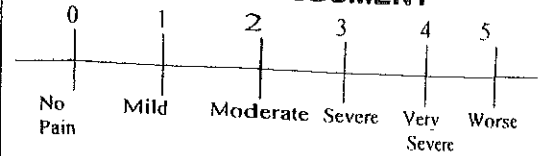
ARSD: 11-20-2020 MVCF

B.O.P. #

954 29-001

ALLERGIES:

PAIN ASSESSMENT



| DATE | | NOTE |
|--------|------|---|
| 1/5/21 | 0830 | Administrative Note: Due to Covid-19 and Restrictive movement inmates Chronic clinic will be Rescheduled Next Available |
| | | R. Shirk, LPN MVCF |
| 1/5/21 | 1410 | Administrative note: Voice order Doctor RevAK / R. Shirk LPN, Continue Metformin 500 mg 1 tablet Po Twice Daily till Seen in Chronic clinic, Read back and Verified x 2 |
| | | R. Shirk LPN MVCF |
| | | David M. Revak, D.O. MVCF |
| | | JAN 05 2021 1430 |

NAME: 45434-054
CAMILO-POLANCO, JUAN CARLOS
B.O.P. # DOB: 05-05-1975
ARSD: 11-20-2020 MVCF
ALLERGIES: *None*

PAIN ASSESSMENT

| 0 | 1 | 2 | 3 | 4 | 5 |
|---------|------|----------|--------|-------------|-------|
| No Pain | Mild | Moderate | Severe | Very Severe | Worse |

DO NOT USE ABBREVIATION LIST:

UNIT 0.D: POWERS, S.C. 10. TRAILING ZERO AFTER A DECIMAL

| DATE/TIME | SOAP/NOTE |
|------------------|--|
| 12/22/20 1145 | Administrative Note: Voice order Doctor Revak, Continue medications as previously ordered, until seen in chronic clinic metformin 500mg 1 tablet Po BID Read Back and Verified x 2 |
| | <div style="text-align: right;">David M. Revak, D.O. MVCC DEC 22 2020 R. Shirk, LPN MVCC</div> |



The GEO Group, Inc.

MOSHANNON VALLEY CENTER

45434-054

P CAMILO-POLANCO, JUAN CARLOS
B DOB: 05-05-1975
 ARSD: 11-20-2020 MVCF

ALLERGIES: NKdu

| PAIN ASSESSMENT | | | | | |
|-----------------|------|----------|--------|-------------|-------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| No Pain | Mild | Moderate | Severe | Very Severe | Worse |

12/21/20 **Administrative Note:**

1530 See medical duty status sheet dated 12/21/20

[Signature] David M. Revak, D.O.
 MVCC
 1530 DEC 21 2020

noted 12/22/20
 S. Sankey, RN
 MVCF 0455
[Signature]

| | | | |
|---|---|------|--|
| NAME: B.O.P. #: ALLERGIES: | 45434-054 CAMILO-POLANCO, JUAN CARLOS DOB: 05-05-1975 ARSD: 11-20-2020 MVCF | NEDA | PAIN ASSESSMENT |
| | [Empty space for additional notes or signatures] | | [Empty space for additional notes or signatures] |

DO NOT USE ABBREVIATION LIST:

UIC OD 000 RS SC ₁₀ TRAILING ZERO AFTER A DECIMAL

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The GEO Group, Inc.

MOSHANNON VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS

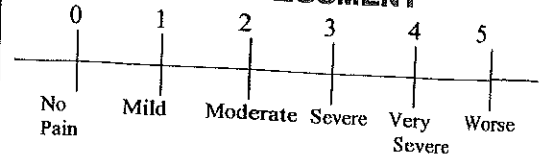
DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

ALLERGIES:

NKDA

PAIN ASSESSMENT



DO NOT USE ABBREVIATION LIST

U, IU, O.D., O.O.D., qhs, S.C., cc. TRAILING ZERO AFTER A DECIMAL

S.O.A.P.E. NOTE

| DATE / TIME | NOTE |
|-------------------|---|
| 1415 12/10/20 | (S) "I need cream for the spot in my mouth" |
| T 98.4 | (O) inmate in no distress. inmate presents with |
| P 81 | sore on inside of (R) mouth. open sore, reddened, |
| R 18 | mild swelling. PA Gonder at bedside for |
| BP 117/72 | assessment. |
| 02 SAT 99 | (A) alteration in comfort r/t mouth ulcer. |
| WT 145 | (P) V.O. PA Gonder Kenalog in orabase use |
| PAIN 10/10 1-5 | 1 application orally BID x 30 days. V.O read back |
| | and verified x2. |
| | (E) inmate verbalized understanding. |
| | <i>[Signature]</i> L. Little, RN MVCF |
| | <i>[Signature]</i> C. Gonder, PA-C MVCF |
| | <i>[Signature]</i> L. Little, RN MVCF |



45434-054

CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

LANNON VALLEY CENTER

ALLERGIES: NKDA

| PAIN ASSESSMENT | | | | | |
|-----------------|------|----------|--------|-------------|-------|
| 0 | 1 | 2 | 3 | 4 | 5 |
| No Pain | Mild | Moderate | Severe | Very Severe | Worse |

12/9/2020
1130

Administrative Note/Orders:

Review of lab dated: 12/11/2020 11/30/2020

☒ Abnormal value(s):Hgb Alc 6.1
LDL 160☐ Any remaining lab values that are not within normal range have been reviewed and are not clinically significant. They do not warrant additional medical workup, treatment or change to previous or ongoing treatment plan.☐ Schedule inmate to see Treatment Nurse to give counseling.
1. Eat healthy foods.
2. Choose foods low in fat and calories and high in fiber.
3. Be more active. Aim for 30-60 minutes of physical activity daily.
4. Lose excess weight.

Plan:

- ① Add hyperlipidemia CCC
- ② EKG
- ③ Aspirin 81mg 1 tab po daily
x 180 days.

Noted 12/11/20
1005David M. Revak, D.O.
MVCFJAN 05 2021
0103G. Gonder, P.A.-C
MVCF

"DO NOT USE" ABBREVIATION LIST:
U, IU, Q.D., Q.O.D., qhs., S.C., cc. TRAILING ZERO AFTER A DECIMAL

C. Adams Lab Tech/X Ray tech



The GEO Group, Inc.

PREV

CAMILLO-POLANCO, JUAN CARLOS

OL - MALES

DOB: 05-05-1975

Inmate/detainee/resident (I/D/R) Name:

ARSD: 11-20-2020 MVCF

NKDA

I/D/R #:

Facility:

Date:

The Preventive Health Risk Assessment Tool is utilized to systematically determine recommended preventive health services for sentenced GEO I/D/Rs. It is designed to be administered at the Baseline Prevention Visit. The necessary health information can be obtained either by I/D/R interview and/or by medical record review.

☒ The I/D/R has been advised of the preventive health measures that are provided by GEO, as well as his responsibility for seeking these services.

| I. Cancer and Chronic Diseases Screening | | Risk Status and Recommendations | |
|---|---|--|----------------------|
| INDICATE () I/D/R'S RISK FACTORS: | | INDICATE () RISK STATUS: | RECOMMEND/ORDER (): |
| Colon Cancer | | | |
| <input type="checkbox"/> History of polyps at prior colonoscopy | <input checked="" type="checkbox"/> None checked = Average Risk. | <input type="checkbox"/> Fecal occult blood test x3 | |
| <input type="checkbox"/> History of colorectal cancer | Fecal occult blood tests yearly, ages 50-75 | <input type="checkbox"/> Colonoscopy | |
| <input type="checkbox"/> Family history of colon cancer or adenomas | <input type="checkbox"/> Any checked = Increased Risk. | | |
| <input type="checkbox"/> Known or suspected: Familial adenomatous polyposis and hereditary non-polyposis | Begin screening for colonoscopy per GEO Clinical Practice Guidelines (CPG) | | |
| <input type="checkbox"/> Inflammatory bowel disease | | | |
| Lipid Disorders | | | |
| <input type="checkbox"/> Diabetes | <input checked="" type="checkbox"/> Any high-risk factors checked: Begin screening at age 20 | <input checked="" type="checkbox"/> Fasting lipoprotein analysis: Annually | |
| <input checked="" type="checkbox"/> Existing cardiovascular disease | <input type="checkbox"/> None checked = Average Risk for Men. | <input type="checkbox"/> Total chol, TG, HDL, LDL at least every 5 years | |
| <input type="checkbox"/> First-degree relative with CVD (male before age 50) | Begin screening at age 35 | Refer to GEO CPG | |
| <input type="checkbox"/> Tobacco use and hypertension | * Current chol, TG, HDL, LDL: 338, 77, 48, 160 | | |
| Diabetes | | | |
| <input type="checkbox"/> Blood pressure >135/80 (treated/untreated) | <input checked="" type="checkbox"/> At risk: GEO recommends use of serum glucose testing or A1C for initial screening and diagnosis | <input checked="" type="checkbox"/> Fasting serum glucose and hemoglobin A1C every 3 years | |
| <input checked="" type="checkbox"/> Otherwise clinically indicated | * Current glucose, A1C: 6.1 | | |
| Aspirin for CHD | | | |
| <input checked="" type="checkbox"/> Men ages 45-79: Calculate CHD risk every 5 years using risk calculator: http://www.mcw.edu/calculators/CoronaryHeartDiseaseRisk.htm | <input type="checkbox"/> At risk: If risk of adverse cardiovascular event > risk of GI bleeding, recommend I/D/R take aspirin 81 mg daily | <input type="checkbox"/> ASA 81mg daily | |
| Check () if risk exceeds average 10-Year CHD Risk for men: Age 45-59 ≥4%; Age 60-69 ≥9%; Age 70-79 ≥12% | For patients with diabetes, see the GEO Management of Diabetes CPG | | |
| Hypertension | | | |
| <input type="checkbox"/> Under age 50 | <input type="checkbox"/> If age <50, measure BP. | <input type="checkbox"/> At least every 3 years | |
| <input type="checkbox"/> Age 50 and over | <input type="checkbox"/> If age ≥50 / borderline BP, measure BP | <input type="checkbox"/> At least annually | |
| <input type="checkbox"/> Borderline BP elevations (>120-139/80-90) | | | |
| Hearing | | | |
| <input type="checkbox"/> Age 65 and older | <input type="checkbox"/> At risk: Perform audiogram and may consider safety equipment | <input type="checkbox"/> Annual audiogram | |
| <input type="checkbox"/> Occupational risk | | Recommend safety equip | |
| Abdominal Aortic Aneurysm (AAA) | | | |
| <input type="checkbox"/> At risk: Men, ages 65-75, who have a history of smoking | <input type="checkbox"/> At risk: Screen for AAA with abdominal ultrasonography | <input type="checkbox"/> Abdominal ultrasonography | |
| | | Consider surgical repair if indicated (> 5.5 cm) | |
| Oral Cancer | | | |
| <input checked="" type="checkbox"/> Risk factors: >55 years of age; history of HPV, sun exposure, and alcohol/tobacco abuse | <input checked="" type="checkbox"/> At risk: Screen for oral cancer | <input checked="" type="checkbox"/> Ongoing | |
| Substance Abuse | | | |
| <input type="checkbox"/> Assess at intake: Substance abuse history? Need for detoxification? | <input type="checkbox"/> At risk: Provide counseling and referral to GEO substance abuse and smoking cessation programs, as indicated | <input type="checkbox"/> Refer for substance abuse counseling and treatment | |
| | | <input type="checkbox"/> Refer for smoking cessation counseling | |
| Patient Information | | Comments: | |
| I/D/R Name: ID No.: | DOB: | | |
| WT: 191 | BMI: 27 | Ordering Clinician Signature: Date: | |
| BP: 110/75 | P: 21 | | |
| A: 16 | | | |

New 6/14

Page 1 of 2

HS-936



The GEO Group, Inc.

45434-054

PREVI CAMILO-POLANCO, JUAN CARLOS

L - MALES

Inmate/detainee/resident (I/D/R) Name: DOB: 05-05-1975

Facility:

ARSD: 11-20-2020

MVCE

NKDA

I/D/R #:

Date:

11-20-2020

II. Bloodborne Pathogen Screening and Immunizations

Circle Y (yes) for conditions that apply. Circle N (no) for those that do not apply. Order screening test or immunization for all "Y" items.

| SCREENING | | | | IMMUNIZATION/ORDER | | | | | | |
|-----------|-------|-------|-------|--------------------|----|-----------|------|-------|-------|-----|
| HIV | Hep A | Hep B | Hep C | Tdap | Td | Influenza | Pneu | Hep A | Hep B | MMR |

MMR

| | | | | | | | | | | | |
|---|---|-----|--|--|--|--|--|----------------------------------|--|--|---------|
| Y | Born in the United States after 1956, with history of previous MMR vaccine. | Yes | | | | | | Age > 50 or risk factors: 1 dose | | | 1 dose |
| N | | | | | | | | | | | |
| Y | Incomplete or unknown MMR history. And/or born outside U.S. | Yes | | | | | | Age > 50 or risk factors: 1 dose | | | 2 doses |
| N | | | | | | | | | | | |

Tetanus

| | | | | | | | | | | | |
|---|---|-----|--|--|--|----------|-------------------|----------------------------------|--|--|--|
| Y | Tdap given previously, but no dose indicated. (Continue with Td booster every 10 years.) | Yes | | | | | 1 dose | Age > 50 or risk factors: 1 dose | | | |
| N | | | | | | | | | | | |
| Y | Last tetanus shot > 10 years. (Give Tdap as initial dose and then repeat with Td booster every 10 years.) | | | | | 1 dose | | Age > 50 or risk factors: 1 dose | | | |
| N | | | | | | | | | | | |
| Y | Incomplete/unknown history. (Give 3-dose series: 1 dose Tdap & then two doses Td to complete series.) | Yes | | | | 1st dose | 2nd and 3rd doses | Age > 50 or risk factors: 1 dose | | | |
| N | | | | | | | | | | | |

Hepatitis A & B

| | | | | | | | | | | | |
|---|---|-----|-----|-----|-----|--|--|----------------------------------|------------------------------|------------------------------|--|
| Y | Has diabetes age < 60, injected legal drugs, received tattoos/body piercing in jail, HIV +, HCV +, recent hx STD, I/M workers at risk, ESRD, post-exposure prophylaxis. | Yes | Yes | Yes | Yes | | | Age > 50 or risk factors: 1 dose | 2-dose series, if not immune | 3-dose series, if not immune | |
| N | | | | | | | | | | | |

Pneumonia

| | | | | | | | | | | | |
|---|--|-----|--|--|--|--|--|----------------------------------|---|--|--|
| Y | Age > 65, lung disease, asthma, CVD, immunocompromised, diabetes, liver disease, renal failure, Asplenia, ETOH hx, long-term care, May repeat Q 5 years. | Yes | | | | | | Age > 50 or risk factors: 1 dose | 1-dose; repeat in 5 years if risk factors | | |
| N | | | | | | | | | | | |

Hepatitis C

| | | | | | | | | | | | |
|---|--|-----|-----|-----|-----|--|--|----------------------------------|-----------------------------|-----------------------------|--|
| Y | Injected illegal drugs, tattoos or body piercings while in jail, HIV+, HBV+, blood transfusion < 1992, and hemodialysis. | Yes | Yes | Yes | Yes | | | Age > 50 or risk factors: 1 dose | 2-dose series if not immune | 3-dose series if not immune | |
| N | | | | | | | | | | | |

Tuberculosis

| | | | | | | | | | | | |
|---|---------------------------|-----|--|--|--|--|--|----------------------------------|--|--|--|
| Y | Tuberculin skin test (+). | Yes | | | | | | Age > 50 or risk factors: 1 dose | | | |
| N | | | | | | | | | | | |

Patient Information

I/D/R Name:

ID No.:

DOB:

CHECK BELOW TO INDICATE IF SCREENING/IMMUNIZATION IS INDICATED. ORDER IF CHECKED AT LEAST ONCE ABOVE.

| HIV | Hep A | Hep B | Hep C | Tdap | Td | Influenza | Pneu | Hep A | Hep B | MMR |
|-----|-------|-------|-------|------|----|-----------|------|--------|-------|-----|
| | | | | ✓ | ✓ | Yearly | ✓ | Immune | ✓ | ✓ |

Date:

Ordering Clinician Signature:

C. Zander, PA-C

MVCE

HS-936

The GEO Group, Inc.

MUSKOGEE VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS

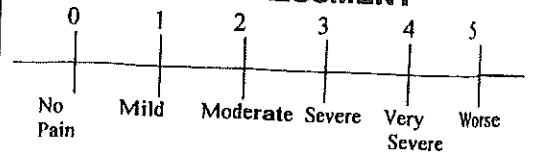
DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

ALLERGIES:

NICOTIA

PAIN ASSESSMENT



"DO NOT USE" ABBREVIATION LIST:

U, IU, Q.D., Q.O.D., qhs., S.C., cc. TRAILING ZERO AFTER A DECIMAL

| | |
|----------|--|
| 11/20/20 | Medical Intake (3) |
| 0910 | S: Intake labs drawn CBC, CMP, UA, RPR, HIV, HEP 5, HgA1C, Lipids(>34 yrs) |
| | Chronic Clinic labs for _____ drawn. |
| | O: # _____ attempted, 21 gauge needle stick to R or L arm. |
| | A: Health Maintenance |
| | P: Labs sent for analysis----Results to be given to provider for review |
| | E: Care of venipuncture site. Follow up with medical should adverse symptoms arise |
| | |
| | S: Assessment for TB |
| | O: Last TST <u>NA</u> |
| | A: Health Maintenance |
| | P: Administer TST 0.1 ml Intradermal to R or L forearm |
| | E: Return to Medical in 2-3 days via callout. Care of injection site. |
| | |
| | S: Assessment of TST skin test |
| | O: TST administered on <u>2/7/20</u> |
| | A: TST reads as <u>0</u> mm |
| | David M. Revak, D.O. MVCC |
| | P: Annual TB clearance or refer to Infectious Disease |
| | Nursing Signature/ Stamp <u>[Signature]</u> <u>1100</u> Dr. Revak |

J. Hubler, LPN

The GEO Group, Inc.

MC HANNON VALLEY CENTER

45434-054

CAMILO-POLANCO, JUAN CARLOS

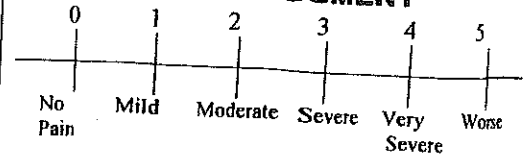
DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

ALLERGIES:

None

PAIN ASSESSMENT



"DO NOT USE" ABBREVIATION LIST:

U, IU, Q.D., Q.O.D., qhs., S.C., cc. TRAILING ZERO AFTER A DECIMAL

| DATE | TIME | NOTES | | | |
|--|-------|---|----------------|----------------------|---------|
| 11/20/20 | 0910 | Administrative Note: Medical Intake (continued from previous page) (2) | | | |
| | | Schedule H&P | | | |
| | | Schedule Intake Psychology Evaluation | | | |
| | | Schedule Psychiatrist Evaluation (if on medication) | | | |
| | | Schedule CCC (if applicable) NA | | | |
| | | Referral to Medical for Emergent Evaluation? yes <u>no</u> | | | |
| | | Referral to Sick Call for Evaluation? yes <u>no</u> | | | |
| | | Access to Care explained? <u>yes</u> no | | | |
| | | Does inmate wear contact lenses? yes <u>no</u> If yes refer to Optometrist. | | | |
| Continue prescription medication for 30 days. Sign consent if applicable | | | | | |
| Medication | Dose | Route | Frequency | Stop date 30 days | #Issued |
| Acyclovir | 400mg | PO | 1 tab BID | | DOT |
| Metformin HCl | 500mg | PO | 1 tab BID | | 14 |
| Meloxicam | 7.5mg | PO | 1 tab daily | | 7 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Nursing Signature/Stamp | | Dr. Revak | | | |

[Signature]
J. Hubler, LPN
MVCF

David M. Revak, D.O.
MVCC

NOV 22 2020
1100

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CAMILO-POLANCO, JUAN CARLOS

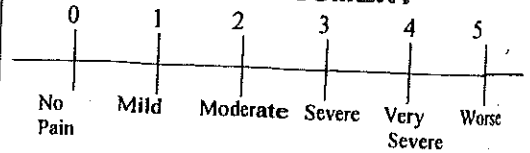
DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

ALLERGIES:

NKDA

PAIN ASSESSMENT



"DO NOT USE" ABBREVIATION LIST:

U, IU, O.D., Q.O.D., qhs., S.C., cc. TRAILING ZERO AFTER A DECIMAL

| DATE | TIME | NOTES |
|----------|------|--|
| 11/20/20 | 0910 | Administrative Note: Medical Intake (1) |
| | | Order Intake Labs: CBC, CMP, UA, RPR, HIV, HEP 5, HgA1C, Lipids(>34 yrs) |
| | | Order Chronic Clinic Labs For: |
| | | Order Chest Xray if: |
| | | <input checked="" type="checkbox"/> NA |
| | | <input type="checkbox"/> + PPD with no xray report on record within 6 months |
| | | <input type="checkbox"/> + HIV with no xray report within 1 month |
| | | <input type="checkbox"/> HTN, Cardiac, Pulmonary |
| | | Inmate has been in the US less than 1 year YES <input type="radio"/> NO <input checked="" type="radio"/> |
| | | Administer TST if: |
| | | <input checked="" type="checkbox"/> NA |
| | | <input type="checkbox"/> self surrender |
| | | <input type="checkbox"/> TST greater than 1 year old |
| | | <input type="checkbox"/> TST not documented from a BOP facility |
| | | <input type="checkbox"/> NO mm noted and not contraindicated to re-implant |
| | | <input type="checkbox"/> schedule read for 48-72 hrs |
| | | <input type="checkbox"/> schedule 2 nd step if self surrender |
| | | (Continue on next page) |
| | | Nursing Signature/Stamp |
| | | David M. Revak, D.O. MVCC |
| | | Dr. Revak |

J Hubler, LPN

NOV 22 2020

1100



GEO 2019 NOVEL CORONAVIRUS (COVID-19) PATIENT SCREENING TOOL

| | | |
|---|--|-----------------------|
| 1. Assess the Risk of Exposure | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you had fever and/or symptoms consistent with COVID-19 with onset in the past 14 days? | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Had close contact with anyone diagnosed (laboratory-confirmed) with COVID-19 illness within the last 14 days? Last date of contact (mm/dd/yyyy): | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Have you traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days? Link to CDC Criteria Last date of travel (mm/dd/yyyy): | |
| 2. Assess Symptoms consistent with COVID-19 | | Date of Onset: |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Fever (Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective). <u>Temp on arrival 96.7</u> | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Cough | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Shortness of Breath (SOB) | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Chills | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Headache | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Muscle Aches | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Sore Throat | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Abdominal discomfort, Vomiting or diarrhea | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | New loss of taste or smell | |
| <p>If the answer to ALL the above risk of exposure questions is NO, then STOP here and proceed with normal intake.</p> <p>If the answer to ANY of the above risk of exposure questions is YES and/or the patient has symptoms consistent with COVID-19, then follow the guidance listed below.</p> | | |
| 3. Implement Infection Prevention Control Measures | | |
| 3a. The Symptomatic Patient | | |
| If the patient has any symptoms implement Standard, Contact, and Airborne Precautions (including eye protection). | | |
| <input type="checkbox"/> Place a surgical mask on the patient and minimize proximity to staff and inmates <input type="checkbox"/> All staff escorting, evaluating, or otherwise in close contact with the patient should use appropriate PPE and respiratory protection with current fit testing. <input type="checkbox"/> House patient in a certified Airborne Infection Isolation (AII) room. If no AII room is available, place the patient in a single cell or transport to a designated referral healthcare facility in coordination with the local public health authority. <input type="checkbox"/> Report case to local health dept., Clinical Director, Regional & Corporate Leadership and client representative. <input type="checkbox"/> Place patient on a Medical Hold. | | |
| 3b. The Asymptomatic Patient | | |
| If the patient has no symptoms house in a single cell and observe. | | |
| <input type="checkbox"/> House patient in a single room, preferably within Health Services. If unable to house patient in a single room, contact client representative or designee. <input type="checkbox"/> At minimum document a daily symptom assessment and vital signs. <input type="checkbox"/> Report case to local health dept., Clinical Director, Regional & Corporate Leadership and client representative. <input type="checkbox"/> If at any time the patient becomes symptomatic implement the steps in 3a – The Symptomatic Patient. <input type="checkbox"/> Continue modified housing and observation procedures until 14 days after the last possible exposure date. <input type="checkbox"/> Place patient on a Medical Hold. | | |

Name (Last, First): _____

Patient # _____

Institution: _____

Provider Name/Signature: _____

45434-054

ate: 11/20/20

Rev. 02/20, 04/20, 05/20, 06/20

David M. Reyes

CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

NKDA

HS-168-COVID-19

NOV 22 2020

INTAKE SCREENING

Inmate/detainee/resident (I/D/R) Name: I/D/R #: OB: Facility Name:

Date / Time of Arrival: 11/29/20 1653 Country of Origin: Dominican What language do you speak? English Interpreter Name and/or #: N/A

Is the I/D/R unconscious or have obvious pain, bleeding, injuries, or other symptoms suggesting need for emergency medical referral? ☒ No ☐ Yes If yes, explain:

I/D/R was identified by (source): ☐ ID Card ☐ Picture ☒ Verbally ☐ Arm band ☐ Other (Explain):

If I/D/R was transferred from another facility, did a medical transfer summary accompany the I/D/R? ☐ No ☒ Yes ☐ N/A

If I/D/R transferred from another facility, did the I/D/R arrive with medications? ☐ No ☒ Yes If yes, explain: See man

Medical Screening

1. How do you feel today? (Explain in his/her own words): Im good

2. Have you fainted recently or have you ever had a head injury with loss of consciousness? ☒ No ☐ Yes If yes, explain:

3. Are you now or have you been treated by a doctor within the last 5 yrs for a medical condition, including hospitalizations? ☐ No ☒ Yes If yes, explain:

☒ Diabetes ☐ Seizure ☐ Asthma/COPD ☐ Ulcer ☐ HTN ☐ Heart condition ☐ Kidney Disease ☐ Liver Disease ☐ Other

4. What surgeries have you had? None

5. Do you have a history of or current communicable illness: VD, Syphilis, Hepatitis B or C, HIV/AIDS ☒ No ☐ Yes If yes, explain:

6. Have you ever had a TB skin test? ☐ No ☒ Yes Results:

Have you ever had TB? ☒ No ☐ Yes If yes, year of infection: where?

Have you ever been in contact with anyone who had TB? ☒ No ☐ Yes

Have you ever been treated for TB? ☒ No ☐ Yes If yes, when? where?

Last chest X-ray: NA (date) Results of chest X-ray: NA

7. In the last year, have you had a persistent and productive cough for more than three weeks, had chest pain, coughed up blood, had a persistent fever, chills, night sweats, unexplained loss of appetite or weight loss, back pain, blood in your urine? ☒ No ☐ Yes If yes, explain:

8. Do you take any medications on a regular basis, including over-the-counter and/or herbal medications? ☐ No ☒ Yes If yes, list the medications: See man

9. Does the I/D/R identify as a transgender? ☒ No ☐ Yes

If yes, what gender does the I/D/R relate to? ☐ Male ☐ Female NA History of transgender related health care? ☐ No ☐ Yes N/A

10. Do you have any allergies to medication, food or latex? ☒ No ☐ Yes If yes, explain:

11. Are you on a special diet prescribed by a doctor? ☒ No ☐ Yes If yes, explain:

12. Females Only: Date of last menstrual period: Are you pregnant? ☐ No ☐ Yes If yes, have you seen an OB? ☐ No ☐ Yes

Recent abortion or delivery ☐ No ☐ Yes If yes, date: Birth control ☐ No ☐ Yes ☐ N/A Method:

Last Pap test date: ☐ Normal ☐ Abn. ☐ N/A Current female problems:

13. Do you have any significant medical problems we have not discussed? ☒ No ☐ Yes If yes, explain:

14. Is there any significant family medical history? ☒ No ☐ Yes If yes, explain:

Substance Use/Abuse Screening

15. Have you ever smoked cigarettes/cigars? ☒ No ☐ Yes If yes, how long have you smoked?

How many cigarettes/cigars per day? When did you last smoke?

16. Do you use smokeless tobacco? ☒ No ☐ Yes If yes, how long? When did you last use smokeless tobacco?

17. Do you now or have you ever used alcohol or drugs? ☐ No ☒ Yes If yes, give details below (legal and illegal drugs)

| Substance Used | Route of Use | Date of Last Use | How Often | Amount/Quantity Last Used |
|-----------------|--------------|------------------|-----------|---------------------------|
| Alcohol | N/A | 22 months | alt | 100% |
| Cocaine/Crack | | 22 months | 1 month | 12 grm |
| Marijuana | | 22 months | daily | 2 Jrs |
| Heroin | | | | |
| Methamphetamine | | | | |
| Other: | | | | |
| Other: | | | | |

18. Have you ever suffered withdrawal symptoms from drugs/alcohol? ☒ No ☐ Yes If yes, explain:

19. Have you ever been treated for drug or alcohol problems? ☒ No ☐ Yes

If yes, circle all that apply and provide further explanation: Detox Residential Outpatient

NKDA

CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020 MVCF

Mental Health Screening

20. Have you ever received counseling for mental health difficulties? ☒ No ☐ Yes If yes, explain: _____

21. Have you ever been hospitalized for mental health difficulties? ☒ No ☐ Yes If yes, explain: _____

22. Have you ever received medication for mental health difficulties? ☒ No ☐ Yes If yes, explain: _____

23. Do you have any learning disabilities? ☒ No ☐ Yes If yes, explain: _____

24. Were you in any special education classes? ☐ No ☐ Yes If yes, explain: _____

25. Do you now or have you ever heard voices that other people don't hear; seen things or people that others don't see; or felt others were trying to harm you for no logical or apparent reason? ☒ No ☐ Yes If yes, explain: _____

26. Have you ever tried to kill yourself? ☒ No ☐ Yes How many times? _____ If yes, when did the suicide attempts occur? _____
Method: ☐ Gun ☐ Hanging ☐ Cutting Skin ☐ Pills ☐ Other (Explain): _____

27. Are you currently thinking about killing or harming yourself? ☒ No ☐ Yes If yes, make referral immediately and ensure safety.

28. Have you ever been a victim of physical or sexual abuse? ☐ No ☐ Yes If yes, explain: _____

29. Do you have a history of sexual aggression or sexual assault? ☒ No ☐ Yes If yes, explain: _____

30. Do you feel that you are currently in danger of being physically or sexually assaulted? ☒ No ☐ Yes If yes, explain: _____

31. Do you have a history of assaulting or attacking others, or have you ever been locked up for fighting while in jail or prison? ☒ No ☐ Yes If yes, inform security immediately.

32. Do you know of someone in this facility whom you wish to attack? ☒ No ☐ Yes If yes, who is this person? _____

33. Do you know of someone in this facility who wishes to harm you? ☒ No ☐ Yes If yes, who is this person? _____

NKDA

Pain Assessment

34. Are you currently having any pain? ☒ No ☐ Yes If yes, complete pain assessment below:

| | | | | |
|--------------------|-----------|-----------|------------------------------|---|
| Character of Pain: | Location: | Duration: | Intensity: (0-10 pain scale) | What relieves your pain or make it worse? |
| | | | | |

Oral Screening

35. Do you have any dental problems? ☐ No ☒ Yes If yes, explain: infection on mand
Visualize the mouth, teeth and gum) Are there any dental problems noted? ☐ No ☒ Yes If yes, explain: _____

Summary Question

36. Do you have any medical, dental, or mental health issues we have not discussed? ☒ No ☐ Yes If yes, explain: _____

Instructions in oral hygiene and preventive oral education given? ☒ No ☐ Yes

Screener's Observation

☒ I/D/R is oriented to person, place, and time ☐ I/D/R is not oriented to: _____ Person _____ Place _____ Time _____

I/D/R appears to have normal physical appearance, emotional characteristics, and no barriers to communication ☐ No ☒ Yes

I/D/R appears to present with a low level of intellectual functioning based on history and/or current presentation ☒ No ☐ Yes

Does I/D/R behavior or physical appearance suggest the risk of suicide or assault on staff or other inmates? ☒ No ☐ Yes

Check the appropriate boxes for your observations (Explain any checked boxes under comments): ☒ None of the following observed

| | | |
|--|---|---|
| <input type="checkbox"/> Intoxication or withdrawal from drugs/alcohol | <input type="checkbox"/> Bizarre or abnormal behavior | <input type="checkbox"/> Inability to focus/concentrate or agitation |
| <input type="checkbox"/> Excessive sweating (fever) | <input type="checkbox"/> Malnourished appearance | <input type="checkbox"/> Shaking/tremors |
| <input type="checkbox"/> Skin: Bumps/rash/lesions/infestations | <input type="checkbox"/> Skin: Cuts, bruises, signs of trauma | <input type="checkbox"/> Skin: Tattoos, needlemarks, tracks, jaundice |
| <input type="checkbox"/> Developmental disabilities | <input type="checkbox"/> Mobility restricted in any way | <input type="checkbox"/> Body deformity |
| <input type="checkbox"/> Aids (hearing aids, glasses, dentures) | <input type="checkbox"/> Physical aids (cane, crutch, brace) | <input type="checkbox"/> Other |

Comments: _____

Vital Signs: T _____ P 65 Resp. 10 BP 124/71 Ht. _____ Wt. 5'11"

If applicable, HCG Results: ☐ Positive ☐ Negative ☐ Refused If patient is diabetic, record glucose fingerstick: _____

A: Initial Health Screening Completed: ☐ Yes ☐ No

P: Disposition: ☒ General Population ☐ Referral for immediate medical, mental health, or dental care ☐ Isolation until medically evaluated

E: Education: ☒ TB screening explained to I/D/R ☒ Access to medical/dental/mental healthcare, grievance process explained to I/D/R

☒ I/D/R given medical orientation and health information handouts in I/D/R language ☒ I/D/R was given written orientation materials and/or translations in I/D/Rs own language ☐ If a literacy problem exists, screener assisted the I/D/R in understanding education handouts.

☐ I/D/R verbalized understanding of any teaching or instruction and was asked if he or she had any additional questions

Care/Intervention/Follow-Up: The following care/treatment was given during this intake screening: _____

Referrals made: ☐ Physician ☐ NP/PA ☒ Dentist ☐ Psychiatrist ☒ Mental Health ☐ Dental ☐ Chronic care ☐ Sick call

I/D/R Signature: _____ Date/Time: _____

Reviewing Physician/NP/PA: _____ Date/Time: _____

Reviewing Mental Health Provider: _____ Date/Time: _____

Rev 1/14, 7/14, 3/16, 6/17

**Bureau of Prisons
Health Services
Inmate Intra-system Transfer**

Reg #: 45434-054

Inmate Name: CAMILO-POLANCO, JUAN CARLOS

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

TB Clearance: Yes

Last PPD Date: 02/07/2020

Induration: 0mm

Last Chest X-Ray Date:

Results:

TB Treatment:

Sx free for 30 days: Yes

TB Follow-up Recommended: No

Transfer To: JC

Transfer Date: 11/20/2020

Health ProblemsHealth ProblemStatus

Unspecified viral infection characterized by skin and mucous membrane lesions

Current

VIRAL SYNDROME.

Type 2 diabetes mellitus

Current

Hyperlipidemia, unspecified

Current

Oral mucositis (ulcerative)

Current

Unspecified lesions of oral mucosa

Current

Polyarthritis, unspecified

Current

Pain, unspecified

Current

Syphilis

Remission

treated at NYP in February 2018

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated. Bolded drugs required for transport.

Acyclovir 400 MG Tab Exp: 04/13/2021 SIG: Take one tablet (400 MG) by mouth twice daily for long term therapy**metFORMIN HCl 500 MG Tab** Exp: 01/05/2021 SIG: Take one tablet (500 MG) by mouth twice daily**Meloxicam 7.5 MG Tab** Exp: 01/05/2021 SIG: Take one tablet (7.5 MG) by mouth daily with food

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments:

| <u>Date</u> | <u>Time</u> | <u>Activity</u> | <u>Provider</u> |
|-------------|-------------|----------------------------|-----------------|
| 11/13/2020 | 00:00 | MLP Chronic Care Follow up | MLP 01 |
| 11/19/2020 | 00:00 | Chronic Care Visit | Physician 02 |
| 02/07/2021 | 00:00 | PPD Administration | Nurse |

Non-Medication Orders:

No Data Found

Active Alerts:

No Data Found

Consultations:**Pending Institutional Clinical Director Action**

No Data Found

Pending UR Committee Action

No Data Found

Pending Regional Review Action

No Data Found



Patient Report

Specimen ID: 36-844-4018-0
Control ID:

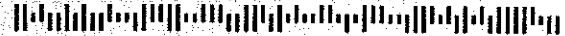
Acct #: 37827370

Phone: (814) 768-1258

Rte: 00

CAMILO-POLANCO, JUAN CARLOS

Moshannon Valley Correctional
550 Geo Dr.
PHILIPSBURG PA 16866



Patient Details

DOB: 05/05/1975
Age(y/m/d): 045/06/25
Gender: M
Patient ID: 45434-054

Specimen Details

Date collected: 11/30/2020 0600 Local
Date received: 12/01/2020
Date entered: 12/01/2020
Date reported: 12/02/2020 1608 ET

Physician Details

Ordering:
Referring:
ID: REVAK
NPI:

General Comments & Additional Information

Total Volume: Not Provided

Fasting: Yes

Ordered Items

Comp. Metabolic Panel (14); CBC, Platelet, No Differential; Lipid Panel; HP5; Hemoglobin A1c; RPR, Rfx Qn RPR/Confirm TP; TSH;
HIV Ag/Ab with Reflex

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|---------------------------------------|--------|------|-------------|--------------------|-----|
| Comp. Metabolic Panel (14) | | | | | |
| Glucose | 75 | | mg/dL | 65-99 | 01 |
| BUN | 14 | | mg/dL | 6-24 | 01 |
| Creatinine | 0.95 | | mg/dL | 0.76-1.27 | 01 |
| eGFR If NonAfricn Am | 96 | | mL/min/1.73 | >59 | |
| eGFR If Africn Am | 111 | | mL/min/1.73 | >59 | |
| BUN/Creatinine Ratio | 15 | | | 9-20 | |
| Sodium | 138 | | mmol/L | 134-144 | 01 |
| Potassium | 4.5 | | mmol/L | 3.5-5.2 | 01 |
| Chloride | 99 | | mmol/L | 96-106 | 01 |
| Carbon Dioxide, Total | 19 | Low | mmol/L | 20-29 | 01 |
| Calcium | 10.0 | | mg/dL | 8.7-10.2 | 01 |
| Protein, Total | 8.1 | | g/dL | 6.0-8.5 | 01 |
| Albumin | 4.8 | | g/dL | 4.0-5.0 | 01 |
| Globulin, Total | 3.3 | | g/dL | 1.5-4.5 | |
| A/G Ratio | 1.5 | | | 1.2-2.2 | |
| Bilirubin, Total | 0.3 | | mg/dL | 0.0-1.2 | 01 |
| Alkaline Phosphatase | 87 | | IU/L | 39-117 | 01 |
| AST (SGOT) | 25 | | IU/L | 0-40 | 01 |
| ALT (SGPT) | 13 | | IU/L | 0-44 | 01 |
| CBC, Platelet, No Differential | | | | | |
| WBC | 5.7 | | x10E3/uL | 3.4-10.8 | 01 |
| RBC | 4.87 | | x10E6/uL | 4.14-5.80 | 01 |
| Hemoglobin | 13.6 | | g/dL | 13.0-17.7 | 01 |
| Hematocrit | 41.9 | | % | 37.5-51.0 | 01 |
| MCV | 86 | | fL | 79-97 | 01 |
| MCH | 27.9 | | pg | 26.6-33.0 | 01 |
| MCHC | 32.5 | | g/dL | 31.5-35.7 | 01 |
| RDW | 14.4 | | % | 11.6-15.4 | 01 |

David M. Revak, D.O.
MVCC
JAN 05 2021
b roo

Date Issued: 12/02/20 1614 ET

FINAL REPORT

Page 1 of 2

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C. Gonder, PA-C
MVCC 12/9/2020 1200



Patient Report

 Patient: CAMILO-POLANCO, JUAN CARLOS
 DOB: 05/05/1975

Patient ID: 45434-054

Control ID:

 Specimen ID: 336-844-4018-0
 Date collected: 11/30/2020 0600 Local

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB | |
|--|---|---|----------------|--------------------|-----|----|
| Platelets | 339 | | x10E3/uL | 150-450 | 01 | |
| Lipid Panel | | | | | | |
| Cholesterol, Total | 222 | High | mg/dL | 100-199 | 01 | |
| Triglycerides | 77 | | mg/dL | 0-149 | 01 | |
| HDL Cholesterol | 48 | | mg/dL | >39 | 01 | |
| VLDL Cholesterol Cal | 14 | | mg/dL | 5-40 | | |
| LDL Chol Calc (NIH) | 160 | High | mg/dL | 0-99 | | |
| HP5 | | | | | | |
| Hep A Ab, Total | Positive | Abnormal | | Negative | 01 | |
| HBsAg Screen | Negative | | | Negative | 01 | |
| Hep B Core Ab, Tot | Negative | | | Negative | 01 | |
| Hep B Surface Ab, Qual | Non Reactive | | | | 01 | |
| | Non Reactive: | Inconsistent with immunity, less than 10 mIU/mL | | | | |
| | Reactive: | Consistent with immunity, greater than 9.9 mIU/mL | | | | |
| Hep C Virus Ab | <0.1 | | s/co ratio | 0.0-0.9 | 01 | |
| | | | Negative: | < 0.8 | | |
| | | | Indeterminate: | 0.8 - 0.9 | | |
| | | | Positive: | > 0.9 | | |
| The CDC recommends that a positive HCV antibody result be followed up with a HCV Nucleic Acid Amplification test (550713). | | | | | | |
| Hemoglobin A1c | | | | | | |
| Hemoglobin A1c | 6.1 | High | % | 4.8-5.6 | 01 | |
| Please Note: | | | | | | |
| | Prediabetes: 5.7 - 6.4 | | | | | 01 |
| | Diabetes: >6.4 | | | | | |
| | Glycemic control for adults with diabetes: <7.0 | | | | | |

 David M. Revak, D.O.
 MVCCuIU/mL

 JAN 15 2021
 [Signature]

 01 CB LabCorp Dublin
 6370 Wilcox Road, Dublin, OH 43016-1269

Dir: Vincent Ricchiuti, PhD

For inquiries, the physician may contact Branch: 814-943-3115 Lab: 800-282-7300

Date Issued: 12/02/20 1614 ET

FINAL REPORT

Page 2 of 2

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 [Signature]
 MVCC 12/7/2020
 12a



The GEO Group, Inc.

Moshannon Valley Correctional Center

Health Services Department - Urinalysis Results

Date Specimen Taken: 11-25-20 Time: 0545 0545 A.M. P.M.Urgency: ☒ Routine ☐ Today ☐ Pre-Op ☐ STATPatient Status: ☒ Ambulatory ☐ BedSpecimen Source: ☒ Routine ☐ Other (Specify)Remarks: ☒ A&O ☐ Requested

45434-054

CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

ARSD: 11-20-2020 MVCF

NKDA

| | Results: | Normal Values: |
|------------------|---------------------|---|
| Color | <u>yellow-clear</u> | "yellow, clear" or "straw-colored, clear" |
| Specific Gravity | <u>1.020</u> | 1.000-1.030 |
| pH | <u>5</u> | 5-9 |
| Leukocytes | <u>negative</u> | negative |
| Nitrite | <u>negative</u> | negative |
| Protein | <u>negative</u> | negative-trace |
| Glucose | <u>negative</u> | negative |
| Ketone | <u>negative</u> | negative |
| Urobilinogen | <u>negative</u> | trace (.2-1) |
| Bilirubin | <u>negative</u> | negative |
| Blood | <u>negative</u> | negative: Hemolyzed/Non Hemolyzed |

David M. Revak, D.O.
MVCC

NOV 25 2020

1100

Requesting Physician:

Reported by: G. Kost, LPN
MVCF

Reviewed by:

Gonder, PA-C
MVCF11/25/2020
1000

| Patient Information | Specimen Information | Client Information |
|--|--|--|
| CAMILO-POLANCO, JUAN DOB: 05/05/1975 AGE: 45 Gender: M Phone: 718.840.4200 Patient ID: 45434-054 Health ID: 8573025687273182 | Specimen: NJ949347L Requisition: 0000509 Collected: 11/03/2020 Received: 11/04/2020 / 12:54 EST Reported: 11/05/2020 / 16:38 EST | Client #: 48050519 NYNJMAIL BIALOR, BRUCE MDC BROOKLY Attn: MILCA LOPEZ 80 29TH ST BROOKLYN, NY 11232-1503 |

SARS CoV 2 (COVID-19) Tests

| Test Name | Result | Reference Range | Lab |
|--|--------------|-----------------|-----|
| SARS CoV 2 RNA(COVID 19), QUALITATIVE NAAT | | | QTE |
| SARS CoV 2 RNA | NOT DETECTED | NOT DETECTED | |
| <p>A Not Detected (negative) test result for this test means that SARS- CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management decisions. If COVID-19 is still suspected, based on exposure history together with other clinical findings, re-testing should be considered in consultation with public health authorities. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions.</p> <p>Please review the "Fact Sheets" and FDA authorized labeling available for health care providers and patients using the following websites: https://www.questdiagnostics.com/home/Covid-19/HCP/NAAT/fact-sheet2 https://www.questdiagnostics.com/home/Covid-19/Patients/NAAT/fact-sheet2</p> <p>This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.</p> <p>Due to the current public health emergency, Quest Diagnostics is receiving a high volume of samples from a wide variety of swabs and media for COVID-19 testing. In order to serve patients during this public health crisis, samples from appropriate clinical sources are being tested. Negative test results derived from specimens received in non-commercially manufactured viral collection and transport media, or in media and sample collection kits not yet authorized by FDA for COVID-19 testing should be cautiously evaluated and the patient potentially subjected to extra precautions such as additional clinical monitoring, including collection of an additional specimen.</p> <p>Methodology: Nucleic Acid Amplification Test (NAAT) includes RT-PCR or TMA</p> <p>Additional information about COVID-19 can be found at the Quest Diagnostics website: www.QuestDiagnostics.com/Covid19.</p> | | | |
| Physician Comments: | | | |

PERFORMING SITE:

QTE QUEST DIAGNOSTICS-TETERBORO, 1 MALCOLM AVENUE, TETERBORO, NJ 07608-1011 Laboratory Director: LAWRENCE TSAO,MD, CLIA: 31D0696246

| Patient Information | Specimen Information | Client Information |
|---|--|---|
| CAMILO-POLANCO, JUAN DOB: 05/05/1975 AGE: 45 Gender: M Phone: 718.840.4200 Patient ID: 45434-054 Health ID: 8573025687273182 | Specimen: NJ560549M Requisition: 0000826 Collected: 11/16/2020 Received: 11/16/2020 / 23:29 EST Reported: 11/17/2020 / 19:56 EST | Client #: 48050519 NYNJMAIL BIALOR, BRUCE MDC BROOKLY Attn: MILCA LOPEZ 80 29TH ST BROOKLYN, NY 11232-1503 |

SARS CoV 2 (COVID-19) Tests

| Test Name | Result | Reference Range | Lab |
|--|--------------|-----------------|-----|
| SARS CoV 2 RNA(COVID 19), QUALITATIVE NAAT | | | QTE |
| SARS CoV 2 RNA | NOT DETECTED | NOT DETECTED | |
| <p>A Not Detected (negative) test result for this test means that SARS-CoV-2 RNA was not present in the specimen above the limit of detection. A negative result does not rule out the possibility of COVID-19 and should not be used as the sole basis for treatment or patient management decisions. If COVID-19 is still suspected, based on exposure history together with other clinical findings, re-testing should be considered in consultation with public health authorities. Laboratory test results should always be considered in the context of clinical observations and epidemiological data in making a final diagnosis and patient management decisions.</p> <p>REFERENCE RANGE: NOT DETECTED</p> <p>This patient specimen was tested using an FDA EUA pooling method.</p> <p>Negative results from pooled testing should not be treated as definitive. If the patient's clinical signs and symptoms are inconsistent with a negative result or results are necessary for patient management, then the patient should be considered for individual testing. Specimens with low viral loads may not be detected in sample pools due to the decreased sensitivity of pooled testing.</p> <p>Please review the "Fact Sheets" and FDA authorized labeling available for health care providers and patients using the following websites: https://www.questdiagnostics.com/home/Covid-19/HCP/QuestIVD/fact-sheet.html https://www.questdiagnostics.com/home/Covid-19/Patients/QuestIVD/fact-sheet.html</p> <p>This test has been authorized by the FDA under an Emergency Use Authorization (EUA) for use by authorized laboratories.</p> <p>Due to the current public health emergency, Quest Diagnostics is receiving a high volume of samples from a wide variety of swabs and media for COVID-19 testing. In order to serve patients during this public health crisis, samples from appropriate clinical sources are being tested. Negative test results derived from specimens received in non-commercially manufactured viral collection and transport media, or in media and sample collection kits not yet authorized by FDA for COVID-19 testing should be cautiously evaluated and the patient potentially subjected to extra precautions such as additional clinical monitoring, including collection of an additional specimen.</p> <p>Methodology: Nucleic Acid Amplification Test (NAAT) includes RT-PCR or TMA</p> <p>Additional information about COVID-19 can be found at the Quest Diagnostics website: www.QuestDiagnostics.com/Covid19.</p> | | | |
| Physician Comments: | | | |

PERFORMING SITE:

QTE QUEST DIAGNOSTICS-TETERBORO, 1 MALCOLM AVENUE, TETERBORO, NJ 07608-1011 Laboratory Director: LAWRENCE TSAO,MD, CLIA: 31D0696246

Camilo-polanco, Juan
ID: 45434054

05/05/1975
45 Years

Male

01/10/2021 12:38:56
GEO-MOSHANNON VALLEY CORR SHU

QRS : 82 ms
QT / QTcBaz : 398 / 400 ms
PR : 186 ms
P : 134 ms
RR / PP : 986 / 983 ms
P / QRS / T : 54 / 17 / 18 degrees

Normal sinus rhythm
Normal ECG

45434-054

CAMILO-POLANCO, JUAN CARLOS

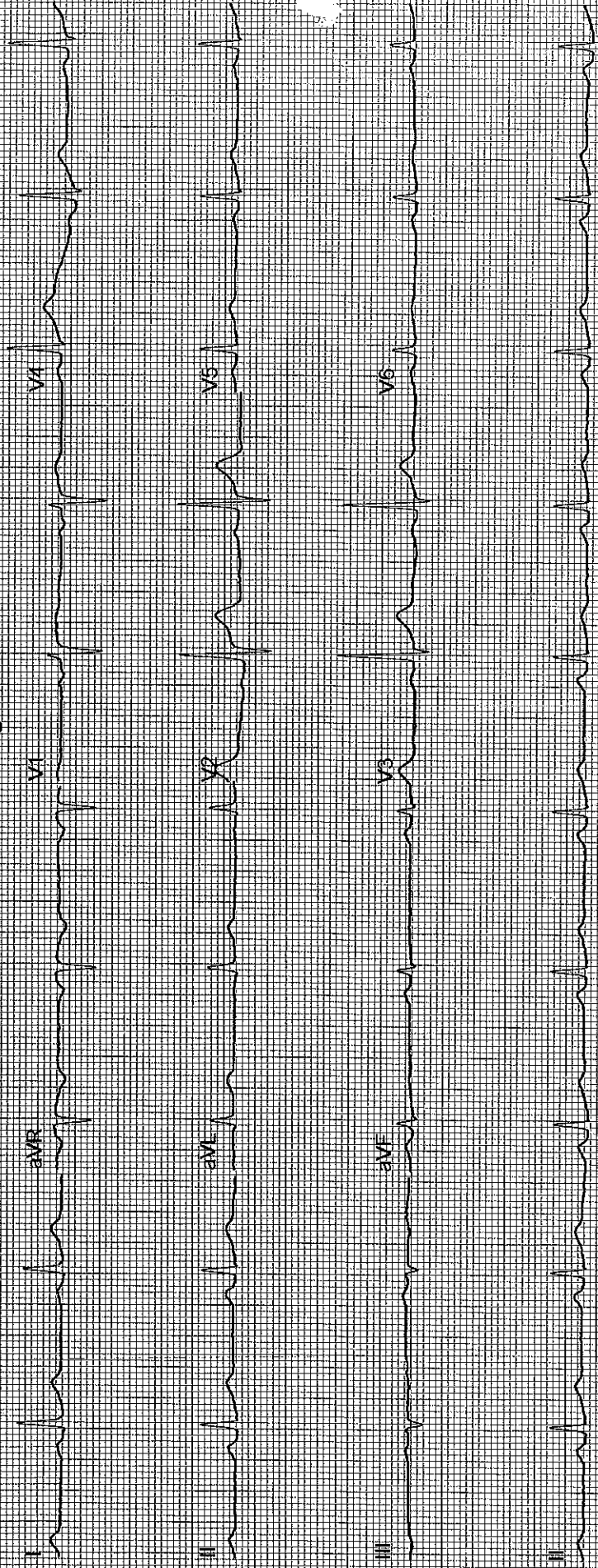
DOB: 05-05-1975

ARSD: 11-20-2020 MVC

David M. Resnik, D.O.
MVC
JAN 10 2021
300

NKDA
MVC

K. Gallaher, RN
12/10/20



FEDERAL BUREAU OF PRISONS

[illegible]

No Known Drug Allergies

(This form may be replicated via WP)

PRINTED ON RECYCLED PAPER

hvcf

NKOA

Diagnosis: 1. RA 2. _____ 3. _____ 4. _____

LC 707

45434-054
CAMILO-POLANCO, JUAN CARLOS
DOB: 05-05-1975
ARSD: 11-20-2020



History and

ARSD: 11-20-2020

MVCF

ian/NP/PA)

ie / Time of Exam

11-01 - 20,059

Inmate/Detainee/Resident (I/D/R) Name:

I/D/R Number:

Facility:

NKDA

☒ History form on chart☐ Prior physical exam on chart☐ Old records requested☒ Intake Screening Reviewed☐ Problem list updated

Height: 5'11"

Weight: 185#

Vital Signs:

BP: 116/75

HR: 81

Color Eyes: brown

Color Hair: black

RR: 16

Temp: 97.4

Pain Assessment (0-10): 0

Build: Slender

Medium

Obese

Morbidly Obese

S₂O₂% (when indicated): 98

DOB: 05 / 05 / 1975

Age: 45

Sex: M

F

BMI: 27

Waist Circumference: 34"

Country of Birth:

Dominican Republic

Race:

White

Black

American Indian/Alaska Native

Hispanic White

Hispanic Black

Asian/Pacific Islander

Visual Acuity:

Right: 20/25

Corrected 20/

Left: 20/40

Corrected 20/

Color Vision:

Ishihara

6, 6

Other:

BSO = 101

"Im good"

Mental Health Screen

NL

Abnormal/Comment

Orientation (person, place, time):

General appearance:

Motor behavior, mannerisms:

Affect (mood):

Content of thought, history of suicide, present thoughts of suicide:

Yes

No

Allergies:

NKDA

Clinical Evaluation

| Normal | (Check each item in appropriate column) | Abnormal | Normal | (Check each item in appropriate column) | Abnormal |
|-------------------------------------|--|-------------------------------------|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | A. Head, Face, Neck and Scalp | | <input checked="" type="checkbox"/> | O. Anal (Hemorrhoids, Fistula) | |
| <input checked="" type="checkbox"/> | B. Ears-General (Internal Canals) | | <input checked="" type="checkbox"/> | P. Testicular | |
| <input checked="" type="checkbox"/> | Hearing by finger rub or whisper | | | Q. Digital Rectal Exam (if clinically indicated) | |
| <input checked="" type="checkbox"/> | C. Drums (Perforation) | | <input checked="" type="checkbox"/> | R. Endocrine System | |
| <input checked="" type="checkbox"/> | D. Nose | | <input checked="" type="checkbox"/> | S. G-U System | |
| <input checked="" type="checkbox"/> | E. Sinuses | | <input checked="" type="checkbox"/> | T. Upper Extremities (Strength, range of motion) | |
| | F. Mouth and Throat | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | U. Feet | |
| <input checked="" type="checkbox"/> | G. Eyes-General (Visual acuity and refraction elsewhere) | | <input checked="" type="checkbox"/> | V. Lower Extremities (Except fee) Strength, range of motion) | |
| <input checked="" type="checkbox"/> | H. Ophthalmoscopic Exam | | <input checked="" type="checkbox"/> | W. Spine, Other Musculoskeletal | |
| <input checked="" type="checkbox"/> | I. Pupils (Equality and reactivity) | | | X. Identifying body Marks, Scars, Tattoos | |
| <input checked="" type="checkbox"/> | J. Ocular Motility (Associated parallel movements nystagmus) | | <input checked="" type="checkbox"/> | Y. Neurologic | |
| <input checked="" type="checkbox"/> | K. Lungs and chest | | <input checked="" type="checkbox"/> | Z. Psychiatric (Specify any Personality deviation) | |
| <input checked="" type="checkbox"/> | L. Heart (rhythm, sounds) | | <input checked="" type="checkbox"/> | AA. Breasts | |
| <input checked="" type="checkbox"/> | M. Vascular System (Varicosities, etc.) | | | | |
| <input checked="" type="checkbox"/> | N. Abdomen and Viscera (include hernia) | | | | |

45434-054



History and I

CAMILO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

n/NP/PA)

(Cont'd)

Inmate/Detainee/Resident (I/D/R) Name:

ARSD: 11-20-2020 MVCF

NKDA

Facility Name:

Notes: (Describe every abnormality in detail. Enter pertinent item number before each comment and use additional sheets if necessary)

F: Yellow lesions to tongue. - posterior oral
pharynx WNL. Stated lesions are painful

CPS: Gatto in room for exam
Q: Not clinically indicated.
X: R arm tattoo.

DENTAL: See Dental Evaluation in chart.

** Pertinent Past Test Results Only** (actual results are found under laboratory section, see chart)

Urinalysis

Date: 11/30/20

☒ No clinically significant abnormal values noted
☐ Clinically significant abnormalities

CBC

Date: 11/30/20

☒ No clinically significant labs noted
☐ Clinically significant abnormality

G. TST and/or Chest X-Ray (date, and result)

NA

Last TST Date: 2/7/20

8 mm

Chest X-Ray for +TST

Date: / / NA Results:

Syphilis Serology

Date: 11/30/20

☒ Non-Reactive
☐ Other, explain below

☒ Non-Reactive

Date: 11/30/20

☐ Other, explain below:

(Cont'd)

45434-054

CAMILLO-POLANCO, JUAN CARLOS

DOB: 05-05-1975

ARSD: 11-20-2020 MVCF



The GEO Group, Inc

History and Physical

P/PA)

Facility Name:

Inmate/Defendant/Resident (I/D/R) Name:

List Current Medications:

None:

Smoking HX: AAA Screening for Ages 65-75

Alcohol HX:

Drug Abuse HX:

Denies Use Pack/Day

Denies Use Drinks/

Denies Use Use /

Last Use:

Last Use:

Type: Cocaine: 1-month Last Use 2018

Sexually Transmitted or Communicable Disease History:

Denies history of Gonorrhea, Chlamydia, Hepatitis or other communicable diseases after symptoms and diseases explained.

Positive History of: Syphilis Treatments rendered: None Type/Year Injections, 2017

Summary of defects

Hospitalizations/Surgeries:

None, Reason/

Occupation:

Education: Highest Level Completed

Examinee (Check)

☐ Is Qualified for Regular Duty, Regular Housing, Food Service, and Programs to include recreation, education, etc.☒ IS NOT Qualified for: Food service.

Assessment:

Diabetes.

Plan: (All treatment regimens and appointments will be in SOAPE Note in Chart)

☒ Follow up, as needed, in Medical via Sick Call for any future problems☒ Refer to: Diabetes.☒ Medical will follow I/D/R up in the following clinics☐ Hypertension☐ TST - INH Clinic☐ Cardiac☐ Syphilis☐ Hepatitis☐ Neurology☐ Hyperlipidemia☐ General Pulmonary☐ Gastro☐ HIV☐ Mental Health☒ Diabetes☒ Nutrition and weight management counseling done. In addition, I/D/R handouts provided.☒ Visual acuity is worse than 20/50, I/D/R has been educated on the process to see the optometrist.☒ Abstain from sexual contact while in prison, wash hands, don't share personal items, risks of infections explained.Tests needed: ☐ Anti-HCV and HBsAg ☐ Lipid Panel ☐ CBC ☐ Chem Panel ☐ U/A☒ error Ch 11/20/2020

Diabetes Screen - If Blood pressure > 135/80; order a Fasting Serum Glucose

Hypertension Screen - Order Blood Pressure checks 3 times per week times 2 weeks, then Chart Review

Other:

Typed or Printed Name of Provider:

G. Gonder, PA-C

MVCF

Signature:

Typed or Printed Name of Physician

Signature:

David M. Revak, D.O.
MVCF

NOV 25 2020

45434-054
 Pla CAMILO-POLANCO, JUAN CARLOS
 DOB: 05-05-1975
 ARSD: 11-20-2020 MVCF

NKDA



Moshannon Valley Correctional Center

Ishihara's Test for Color Deficiency - Simplified Version

| Plate Number | Normal Person | Person with Red-Green Deficiencies | Person with Total color Blindness and Weakness |
|--------------|---------------|------------------------------------|--|
| 1 | 12 | 12 | 12 |
| 2 | 8 | 3 | X |
| 6 | 5 | 2 | X |
| 10 | 2 | X | X |
| 14 | 5 | X | X |
| 18 | X | 5 | X |

Date of
Exam:

11/25/20

The mark X shows that the plate cannot be read. Blank space denotes that the reading is indefinite.
 The numerals in parenthesis show that they can be read but they are comparatively unclear.

Signature and Stamp of Nurse Performing the Exam

G. Kost, LPN
MVCF

[Signature]

11/25/20, 0945
Date and Time

Provider Signature and Stamp

[Signature]
C. Sonder, PA-C
MVCF

11/25/2020 0900
Date and Time

David M. Revak, D.O.
MVCC

NOV 25 2020
1100

From : Juan Carlos Camilo Polanco
BOP : 45434054, MVCC
555 GEO Drive
Philipsburg, PA, 16866



*Can Out
SM*



TO: United States District Court
Southern District of New York
500 Pearl Street
New York, New York, 10007